


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F33172</b>			
1. Entity Name <b>LANIER RANCH &amp; GROVE, INC.</b>			
Principal Place of Business <b>%LANIER RANCH &amp; GROVE INC 6894 LANIER RD ZOLFO SPRINGS FL 33890 US</b>		Mailing Address <b>6894 LANIER ROAD ZOLFO SPRINGS FL 33890 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>LANIER, E.M. 6894 LANIER RD ZOLFO SPRINGS FL 33890</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			



1st MOORE CR2E034 (10/06)

4. FEI Number **59-2217991** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANIER, FLORENCE <input type="checkbox"/> Delete 6894 LANIER RD ZOLFO SPRINGS, FL 33890	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000603757</b> <b>02/01/07-80063-009 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANIER, E M <input type="checkbox"/> Delete 6894 LANIER RD ZOLFO SPRINGS, FL 33890	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANIER, R. ARNOLD <input type="checkbox"/> Delete 6775 LANIER RD ZOLFO SPRINGS FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANIER, DENNIS M <input type="checkbox"/> Delete 6639 LANIER RD ZOLFO SPRINGS FL 33890	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANIER, JOHN E <input type="checkbox"/> Delete 721 VIA CARNEN NAPLES FL 34105	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANIER, SHERYL L <input type="checkbox"/> Delete 6635 LANIER RD ZOLFO SPRINGS FL 33890	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *E.M. Lanier* **1/27/07** **-863-735-1372**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #