


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # H31581 1. Entity Name LIVE OAK LANE, INC.	
-------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business % NANCY R. MESSER 12136 SHOSHONE TRAIL JACKSONVILLE, FL 32223	Mailing Address % NANCY R. MESSER 12136 SHOSHONE TRAIL JACKSONVILLE, FL 32223
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2483142	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--------------------------------------------------------------------

6. Name and Address of Current Registered Agent MESSER, NANCY R. 12136 SHOSHONE TRAIL JACKSONVILLE, FL 32223	DO NOT WRITE IN THIS SPACE
---------------------------------------------------------------------------------------------------------------------------	-----------------------------------

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 <i>Nancy R. Messer</i> NANCY R. MESSER	DATE 1/15/08
--------------------------------------------------	--------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000792569 01/24/08-80012-015 158.75
-------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MESSER, NANCY R. 12136 SHOSHONE TRAIL JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Nancy R. Messer</i> NANCY R. MESSER	Date 1/15/08
---------------------------------------------------	--------------