2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H75877

1. Entity Name

LANÉ INVESTMENT COMPANY



FILED Jan 18, 2005 08:00 AM Secretary of State

Principal Place of Business

5140 ARLINGTON RD

JACKSONVILLE, FL 32211 US Mailing Address

5140 ARLINGTON RD

JACKSONVILLE, FL 32211

US



DO	NOT	WRITE	INI	THIS	SPA	CF
	144	*****				

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2625651 5. Certificate of Status Desired

Applied For Not Applicable \$8.75 Additional

5. Name and Address of Current Registered Agent

TAYLOR, MOSELEY & JOYNER, P.A. 501 W. BAY STREET JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

		1							
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									
Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	1/00000183735 01/20/05-80001-016	50.00			
10. OFFICERS AND DIRECTORS									
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD LANE, MARVIN R. 5140 ARLINGTON RD JACKSONVILLE, FL								
TITLE NAME	S LANE, RACHAEL								
STREET ADDRESS	5140 ARLINGTON RD								
CTTY-ST-ZP	JACKSONVILLE, FL								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TME				IN '	THIS SPACE				
NAME Street Address									
CMY-ST-ZP									
TITLE NAME STREET ADDRESS CRY-ST-ZP									
TITLE Name									
STREET ADDRESS									
CITY-ST-ZIP			<u> </u>			**************************************			
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information									

Intercept cently use the minimizant supplied with this process for quality for the exemption stated in Section 119.07(3)(i), Fronce statutes. I future 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 anotificer 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: