


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # J00709		
1. Entity Name LANCE MARINE DOCUMENTATION AGENTS, INC.		

Principal Place of Business 1616 CRANDON AVE. W. PALM BCH., FL 33407	Mailing Address 1616 CRANDON AVE. W. PALM BCH., FL 33407
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2655283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LANCE, EUGENIE MATTERA  
 1616 CRANDON AVENUE  
 WEST PALM BEACH, FL 33407

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LANCE, EUGENIE MATTERA 1616 CRANDON AVENUE WEST PALM BEACH, FL
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01/14/08-80019-003 150.00

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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: Eugenie Mattera Lance EUGENIE MATTERA LANCE 7 JAN 2008 561 844-2287  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #