

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # J14736

1. Entity Name
LANCORE REALTY INC.



Principal Place of Business
**LANCORE REALTY INC
399 W PALMETTO PARK RD
BOCA RATON, FL 33432-3760 US**

Mailing Address
**399 W PALMETTO PARK RD
SUITE 102
BOCA RATON, FL 33432-3760 US**



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2677712

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTIANSSEN, MICHAEL
2750 N. FEDERAL HWY.
FT. LAUDERDALE, FL 33306**

**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

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
MCDONALD, MERV
399 W PALMETTO PK. RD., STE.102
BOCA RATON, FL 334323760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCDONALD, MARILYN
399 W PALMETTO PK. RD., STE. 102
BOCA RATON, FL 334323760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CASEY, DAN
399 W PALEMTTO PK. RD., STE. 102
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROBBIE, RICHARD J
399 W PALMETTO PK. RD., STE. 102
BOCA RATON, FL 334323760**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000526348
05/04/06-80070-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #