~~2004~~ FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J86364

1. Entity Name
LANESE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12944 PRESTWICK DR. RIVERVIEW, FL 33569 US	701-C DEL WEBB BLVD. SUN CITY CENTER, FL 33573 US

DO NOT WRITE IN THIS SPACE

01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2847799

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANESE, NICHOLAS
12944 PRESTWICK DR
RIVERVIEW, FL 33569

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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 _____ 1/22/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANESE, NICK
STREET ADDRESS	12944 PRESTWICK DR.
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	STD
NAME	LANESE, RICHARD
STREET ADDRESS	4827 ARLINGTON RD
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	VP
NAME	LANESE, KAREN
STREET ADDRESS	12944 PRESTWICK DRIVE
CITY-ST-ZIP	RIVERVIEW, FL
TITLE	VP
NAME	LANESE, KAREN B
STREET ADDRESS	4827 ARLINGTON RD
CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 1/22/04 813-634-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #