

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J86364

Entity Name: LANESE & ASSOCIATES, INC.

FILED  
Jan 14, 2005  
Secretary of State

## Current Principal Place of Business:

12944 PRESTWICK DR.  
RIVERVIEW, FL 33569 US

## New Principal Place of Business:

701 DEL WEBB BLVD. W. SUITE C  
SUN CITY CENTER, FL 33573 US

## Current Mailing Address:

701-C DEL WEBB BLVD.  
SUN CITY CENTER, FL 33573 US

## New Mailing Address:

701 DEL WEBB BLVD. W. SUITE C  
SUN CITY CENTER, FL 33573 US

FEI Number: 59-2847799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANESE, NICHOLAS  
12944 PRESTWICK DR  
RIVERVIEW, FL 33569 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LANESE, NICK,  
Address: 12944 PRESTWICK DR.  
City-St-Zip: RIVERVIEW, FL

Title: STD ( ) Delete  
Name: LANESE, RICHARD,  
Address: 4827 ARLINGTON RD  
City-St-Zip: PALMETTO, FL 34221

Title: VP ( ) Delete  
Name: LANESE, KAREN  
Address: 12944 PRESTWICK DRIVE  
City-St-Zip: RIVERVIEW, FL

Title: VP ( ) Delete  
Name: LANESE, KAREN B  
Address: 4827 ARLINGTON RD  
City-St-Zip: PALMETTO, FL 34221

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS LANESE

PD

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date