08/25/2005 03:27 4074389137 MYRA F CRAMC

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 018 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # K67792

1. Entity Name

J.L. LANIER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15232 CR 48 ASTATULLA FL 34705-9530	15232 CR 48 ASTATULLA FL 34705-9530

2nd MOORE CR2E034 (5/05)

2. Principal Place of Business	3. Mailing Address
805 HELEN ST	SAME
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: MT. DORA, FL	City & State
Zip: 32757 Country	Zip Country

4. FEI Number 59-2923778 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DALY, DANIEL F.
NORMAN S. CANNELLA P.A.
111 SOUTH MOODY AVENUE
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name: SAME

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
DP LANIER, JACK L. 15232 STATE ROAD 48 ASTATULLA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: LANIER JACK 805 HELEN ST. MT. DORA, FL 32757	☒ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: JACK L. LANIER 8/29/05 [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

SO06438 3

K57792

August 28, 2005

Fl. Dept of State
Division of Corp.
P.O. Box 6850
Tallahassee, Fl. 32314

Dear Sir:

I would like to request a wavier of penalty for the J.L.Lanier & Associates, Inc. The 2005 For Profit Coorporation Annual Report mailed from the state in Jan. or Feb. was never received by my office as a result of relocation.

I am enclosing a hand written and an online form printed for this report with my check.

Sincerely,

J.L.Lanier and Associates, Inc.
Jack Lanier, Pres

P06643 83

K57792

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Monday, Aug. 29, 2005

- INCORPORATION ORDER FORM
- LLC ORDER FORM
- NON-PROFIT INC. ORDER FORM
- CERTIFICATE OF AUTHORITY
- NOTARY SEALS & SUPPLIES
- REGISTERED AGENT SERVICES
- CORPORATE AND LLC KITS
- CORPORATE / LLC SEALS & SUPPLIES
- PROFESSIONAL SEALS & STAMPS
- BUSINESS PRINTING
- CUSTOM SIGNS, STAMPS & NUMBERERS
- IRS FORMS
- CONTACT US

About Us

FLORIDA
INCORPORATION ORDER FORM

State Filing Fee: $78.75

Person or firm being invoiced:
(No P.O. Boxes)

First* JACK L
Last* LANIER

Address* 805 HELEN ST

City* MT DORA
State* Florida
Zip Code* 32757
Your Email* JACSON007@AOL.COM
Phone (day)* 4072479926
Cell Phone
Fax 3523835538

Company Name:
Please list in order preference

Company Name 1* JL LANIER AND ASSOCIATES
Company Name 2
Company Name 3

Principle Place of Business:
(No P.O. Boxes)

Address* 805 HELEN ST