

08/25/2005 03:27 4074389137

MYRA F CRAMC

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)****FILED**
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 018 ***150.00

DOCUMENT # K57782																																	
1. Entity Name J.L. LANIER & ASSOCIATES, INC.																																	
Principal Place of Business 15232 CR 48 ASTATULLA FL 34705-0530		Mailing Address 15232 CR 48 ASTATULLA FL 34705-0530																															
2. Principal Place of Business 805 HELEN ST		3. Mailing Address SAME																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State MT. DORA, FL		City & State FL																															
Zip 32757		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 SAME																															
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 _____ (NOTE: Registered Agent signature required when registering)																																	
FILE NOW!!! FEE IS \$650.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State		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, IF ANY																															
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 807, 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 Jack Lanier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

50064383
K57792

August 28, 2005

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

Dear Sir:

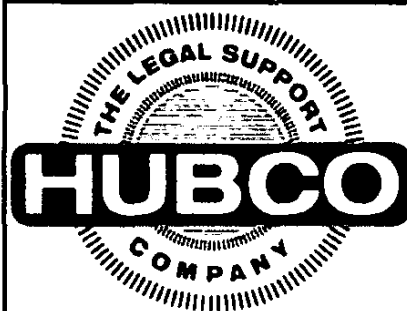
I would like to request a wavier of penalty for the J.L.Lanier & Associates, Inc.
The 2005 For Profit Cooperation Annual Report mailed from the state in Jan. or
Feb. was never received by my office as a result of relocation.

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

Incorporate a Business - click here to bookmark



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

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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