

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L89557

1. Entity Name  
CORE LAN CORPORATION



FILED

04 MAY 14 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



04232004 Chg-P CR2E034 (10/03)

Principal Place of Business  
10916 RAVEL COURT  
BOCA RATON, FL 33498

Mailing Address  
10916 RAVEL COURT  
BOCA RATON, FL 33498

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0200552

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, MICHAEL E  
10916 RAVEL COURT  
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name *Kennedy, Carol E*  
Street Address (P.O. Box Number is Not Acceptable) *10916 Ravel Ct.*  
City *Boca Raton* FL *33498*

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 *Carol E. Kennedy* *Carol E K* DATE *4-23-2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KENNEDY, MICHAEL E  
STREET ADDRESS 10916 RAVEL COURT  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ST ☐ Delete  
NAME KENNEDY, CAROL E  
STREET ADDRESS 10916 RAVEL COURT  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Kennedy, Michael E* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *10916 Ravel Ct.*  
CITY-ST-ZIP *Boca Raton, FL 33498*

TITLE *Kennedy, Carol E* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *10916 Ravel Ct.*  
CITY-ST-ZIP *Boca Raton, FL 33498*

TITLE *ST* ☐ Change ☒ Addition  
NAME *Kennedy, Bianca K*  
STREET ADDRESS *10916 Ravel Ct.*  
CITY-ST-ZIP *Boca Raton, FL 33498*

TITLE *100038427121* ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*06/29/04--01065--001 \*\*70.00*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Carol E. Kennedy* *Carol E K* DATE *4-23-04* DAYTIME PHONE # *61-488-7718*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR