

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90073 002 \*\*\*150.00

**DOCUMENT # P00000052576**

1. Entity Name

TIFFANY J. LANIER, P.A.



Principal Place of Business

2500 QUANTUM LAKES DR. SUITE 203  
BOYNTON BEACH, FL 33426 US

Mailing Address

2500 QUANTUM LAKES DR. SUITE 203  
BOYNTON BEACH, FL 33426 US

900~



04072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1017049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANIER, TIFFANY J  
16 PEPPERWOOD COURT  
BOYNTON BEACH, FL 33426

*Tiffany J Lanier*  
*2500 Quantum Lakes Dr #203*  
*Boynton Beach FL 33426*

**DO NOT WRITE  
IN THIS SPACE**

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

*Tiffany J Lanier*  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

LANIER, TIFFANY J

*2500 Quantum Lakes*  
*16 PEPPERWOOD COURT*  
*Dr #203*

BOYNTON BEACH, FL 33426

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Tiffany J Lanier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President Tiffany J Lanier*  
*4/30/06*  
*561-538-4282*