

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90093 046 ***150.00

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1. Entity Name
C.T. LANE PAINTING, INC.



Principal Place of Business
3295 STEADMAN STREET
PORT CHARLOTTE, FL 33980

Mailing Address
P O BOX 381113
MURDOCK, FL 33938-1113

54060305



07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1032265	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LANE, CLAUDE T
3295 STEADMAN STREET
PORT CHARLOTTE, FL 33980

**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 _____
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 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LANE, CLAUDE T
STREET ADDRESS	3295 STEADMAN STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

WE UNDERSTAND
THAT A POST CARD
NOTICE WAS SENT
AS A RENEWAL
NOTICE.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

WE DID NOT
RECEIVE IT, SO
ARE SENDING
ONLY THE

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04

Date

941 255 0045

Daytime Phone #