

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000056402

1. Entity Name
INDUSTRIAL LANE ASSOCIATES, INC.



Principal Place of Business

951 BROKEN SOUND PARKWAY, N.W.
SUITE 100
BOCA RATON, FL 33487

Mailing Address

951 BROKEN SOUND PARKWAY, N.W.
SUITE 100
BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1015787

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BENES, EDGAR A P.A.
951 BROKEN SOUND PARKWAY, N.W.
SUITE 100
BOCA RATON, FL 33487

**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 renouncing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCHUSTER, I. TULLY
STREET ADDRESS 951 BROKEN SOUND PARKWAY, N.W. #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME SCHUSTER, RITA M
STREET ADDRESS 951 BROKEN SOUND PARKWAY, N.W. #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME SCHUSTER, RONALD F
STREET ADDRESS 951 BROKEN SOUND PARKWAY, N.W. #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME SCHUSTER, MICHAEL B
STREET ADDRESS 951 BROKEN SOUND PARKWAY, N.W. #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D
NAME SCHUSTER BENES, TAMMY
STREET ADDRESS 951 BROKEN SOUND PARKWAY, N.W. #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000371029
07/06/05-80007-005 558.75

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I. TULLY SCHUSTER PRES 07/05/05 241-0100

Date

Daytime Phone #