

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90067 010 ***150.00

DOCUMENT # P00000071900 1. Entity Name LANE FAMILY ENTERPRISES, INC.																																																					
Principal Place of Business 24 OSPREY VILLAGE DR. AMEILA ISLAND, FL 32034			Mailing Address 24 OSPREY VILLAGE DR. WHITEHALL 8-5 AMEILA ISLAND, FL 32034																																																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 24 OSPREY VILLAGE DRIVE Suite, Apt. #, etc.																																																		
City & State AMELIA ISLAND, FL			City & State AMELIA ISLAND, FL																																																		
Zip 32034			Zip 32034																																																		
Country MASSAU			Country NASSAU																																																		
4. FEI Number 59-3660877			Applied For <input type="checkbox"/> Not Applicable																																																		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																		
6. Name and Address of Current Registered Agent LANE, ROBERT H 24 OSPREY VILLAGE DR. AMEILA ISLAND, FL 32034			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City AMELIA ISLAND FL Zip Code 32034																																																		
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 reinstating) DATE: _____																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 5%;">Delete</td> <td style="width: 65%;">LANE, ROBERT H 24 OSPREY VILLAGE DR. AMEILA ISLAND, FL 32034</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete</td> <td>LANE, MADELINE R 24 OSPREY VILLAGE DR. AMEILA ISLAND, FL 32034</td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">Change</td> <td style="width: 5%;">Addition</td> <td style="width: 65%;">NAME STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>Change</td> <td>Addition</td> <td>NAME STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>Change</td> <td>Addition</td> <td>NAME STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>Change</td> <td>Addition</td> <td>NAME STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>Change</td> <td>Addition</td> <td>NAME STREET ADDRESS CITY-ST-ZIP</td> </tr> <tr> <td>TITLE</td> <td>Change</td> <td>Addition</td> <td>NAME STREET ADDRESS CITY-ST-ZIP</td> </tr> </table> </div> </div>						TITLE	D	Delete	LANE, ROBERT H 24 OSPREY VILLAGE DR. AMEILA ISLAND, FL 32034	TITLE	D	Delete	LANE, MADELINE R 24 OSPREY VILLAGE DR. AMEILA ISLAND, FL 32034	TITLE		Delete		TITLE		Delete		TITLE		Delete		TITLE		Delete		TITLE	Change	Addition	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Change	Addition	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Change	Addition	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Change	Addition	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Change	Addition	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	Change	Addition	NAME STREET ADDRESS CITY-ST-ZIP
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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: <i>X Robert H Lane</i> 3/31/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																					

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