## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND WEED OF PRINTED RANG OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: \_

## FILED Jul 10, 2007 08:00 AM Secretary of State

DOCUMENT # P00000075314  1. Entity Name R. F. LANE CO., INC.			THE REAL PROPERTY AND ADDRESS OF THE PERTY	Secretary of State	
Principal Place of Business  5410 ORANGE VALLEY DRIVE LAKELAND, FL 33813  Mailing Address  5410 ORANGE VALLEY DRIVE LAKELAND, FL 33813					
C	OO NOT WRITE II		CE	07032007 No Chg-P CR2E034 (11/05)  4. FEI Number	
	F NGE VALLEY DRIVE D, FL 33813		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 \$150.00  Due by September 14, 2007  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.  WITE  NAME  STREET ADDRESS  CHY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CHY-SI-ZIP	OFFICERS AND DIRES  DP  LANE, R. F  5410 ORANGE VALLEY DRIVE  LAKELAND, FL 33813	CTORS			U00000767582 07/10/07-80010-010 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS					NOT WRITE THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			ಹಾರ್, ಮೊದಲಿ		AND THE PROPERTY OF THE PROPER
TRLE KAME STREET ADDRESS CITY-ST-ZIP  12. I hereby of indicated.	pertify that the information supplied with this fi on this report or supplemental report is true	iling does pet qualify for the exe	mptions contained are shall have the	in Chapter 119	), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director
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 decorate 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 the 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 application, with an other like empowered.					