# 2008 FOR PROFIT CORPORATION
## ANNUAL REPORT

DOCUMENT # P00000075641

1. Entity Name
MARIO LAINES & ASSOCIATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 317 SW 25TH AVE | 317 SW 25TH AVE |
| CAPE CORAL, FL 33991 | CAPE CORAL, FL 33991 |

**DO NOT WRITE IN THIS SPACE**

03112008     No Chg-P     CR2E034 (11/05)

| 4. FEI Number | Applied For |
|---|---|
| 65-1030540 | Not Applicable |

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAINES, MARIO
317 SW 25 AVE
CAPE CORAL, FL 33991

**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**
**After May 1, 2008 Fee will be $550.00**

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

10.                    OFFICERS AND DIRECTORS

| TITLE | D |
|---|---|
| NAME | LAINES, MARIO |
| STREET ADDRESS | 317 SW 25 AVE |
| CITY-ST-ZIP | MIAMI, FL 33172 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000863210
04/03/08-80083-004  150.00

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       Date       Daytime Phone #