


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90004 005 ***150.00

DOCUMENT # P01000048021	
1. Entity Name LANICOLE, INC.	

Principal Place of Business GOVERNOR'S SQUARE MALL 1500 APALACHEE PKWY., UNIT 1380 TALLAHASSEE, FL 32301	Mailing Address GOVERNOR'S SQUARE MALL 1500 APALACHEE PKWY., UNIT 1380 TALLAHASSEE, FL 32301
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54067846



2. Principal Place of Business BellaDama Shoes Suite, Apt. #, etc. #2410 1500 Apalachee Pkwy City & State Tallahassee, FL Zip 32301 Country US	3. Mailing Address BellaDama Shoes Suite, Apt. #, etc. #2410 1500 Apalachee Pkwy City & State Tallahassee, FL Zip 32301 Country US
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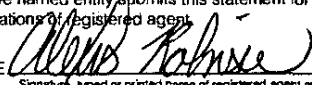
07302004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3717849	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 ROBINSON, ALEXIS 1845 BELLEVUE WAY #218 TALLAHASSEE, FL 32304	
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7. Name and Address of New Registered Agent Name Robinson, Alexis Street Address (P.O. Box Number is Not Acceptable) 4008 Chipola St. City Tallahassee FL Zip Code 32303	
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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.

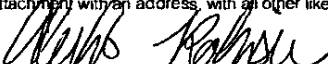
SIGNATURE  DATE **8-9-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'BRYANT, TIFFANIE CONTINENTAL CT TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Tiffanie O'Bryant 3472 Day Lily Ln Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ROBINSON, ALEXIS 1845 BEILEVUE WAY #218 TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Alexis Robinson 4008 Chipola St Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **8-9-04** DAYTIME PHONE # **309-0358**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR