

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000048021

1. Entity Name
LANICOLE, INC.



Principal Place of Business
BELLADONNA SHOES
1500 APALACHEE PKWY #2410
TALLAHASSEE, FL 32301

Mailing Address
BELLADONNA SHOES
1500 APALACHEE PKWY #2410
TALLAHASSEE, FL 32301

FILED

07 MAY -1 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3717849

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, ALEXIS
4008 CHIPOLA ST
TALLAHASSEE, FL 32303

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME O'BRYANT, TIFFANIE
STREET ADDRESS 3472 DAYLILLY LN
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VST
NAME ROBINSON, ALEXIS
STREET ADDRESS 4008 CHIPOLA ST
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

900101623389
05/04/07--01050--030 **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 an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alexis Robinson VP

4-30-07