2007 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED Apr 09, 2007 08:00 Al **DOCUMENT # P02000025894 Secretary of State** 1. Entity Name VILLAGE LANE, INC. Mailing Address Principal Place of Business 350 E NORVELL BRYANT HWY 2000 YAWKEY POINT HERNANDO, FL 34442 HERNANDO, FL. 34442 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0602005 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MACAISA, MARLO 2000 N YAWKEY PT HERNANDO, FL 34442 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. DATE (NOTE: Registered Agent algoriture required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MACAISA, JOSIE B NAME *U00000696*563 STREET ADDRESS 2000 N YAWKEY POINT 04/18/07-80004-003 150.00 CITY-ST-ZIP HERNANDO, FL 34442 TITLE MACAISA, MARLO NAME STREET ADDRESS 2000 N YAWKEY POINT CITY-ST-ZIP HERNANDO, FL 34442 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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352-795-0800