

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90010 009 ***150.00

DOCUMENT # P02000031060

1. Entity Name
SOUTH LANE PLAZA, INC.



Principal Place of Business
**12744 EDEN BRIDGE COURT
JACKSONVILLE, FL 32223**

Mailing Address
**12744 EDEN BRIDGE COURT
JACKSONVILLE, FL 32223**

40022718



2. Principal Place of Business - No P.O. Box #
2950 Halcyon Lane

3. Mailing Address
2950 Halcyon Lane

Suite, Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32223

Country
U.S.A.

Zip
32223

Country
U.S.A.

02162007 Chg-P CR2E034 (12/06)

4. FEI Number
01-0632111

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AKEL, ANDREW S
12744 EDENBRIDGE COURT
JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **Andrew S. Akel, President**

DATE **02/16/07**

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	DP	<input type="checkbox"/> Delete
NAME	AKEL, ANDREW S	
STREET ADDRESS	12744 EDEN BRIDGE COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AKEL, JACK S	
STREET ADDRESS	1995 HIBERNIA COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #