

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000064289

1. Entity Name
LANARK VILLAGE PLAZA, INC.



Principal Place of Business

644 OAK ST
LANARK VILLAGE, FL 32323

Mailing Address

PO BOX 716
LANARK VILLAGE, FL 32323

FILED
Aug 20, 2007 08:00 AM
Secretary of State



08172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3066539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELBING, JERRILYN H
644 OAK ST
LANARK VILLAGE, FL 32323

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HELBING, JERRILYN H
STREET ADDRESS	644 OAK ST
CITY-ST-ZIP	LANARK VILLAGE, FL 32323

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000772406
08/20/07-80002-013 150.00

**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

8-17-07

Date

706-201-7478

Daytime Phone #