2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000125698

1. Entity Name
L & N COLLECTORAMAS, INC.

Principal Place of Business	Mailing Address
555 SELINA ST PENSACOLA, FL 32503	P.O. BOX 2186 PENSACOLA, FL 32513-2186

05132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
30-0133280	Not Applicable

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

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY STE 300
TAMPA, FL 33637-2087

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 $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	STP
NAME	LANE, EDWARD J
STREET ADDRESS	555 SELINA ST
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	D
NAME	NUTT, ARTHUR
STREET ADDRESS	9659 QUAIL HOLLOW BLVD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	PD
NAME	LANE, WILLIAM W
STREET ADDRESS	132 CAMELOT DR
CITY-ST-ZIP	GRAY, GA 31032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952847
06/05/08-80005-007 550.00

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: _Edward J. Lane_   Edward J. Lane   6-3-08   (850) 477-1937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #