


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000021007</b>					
1. Entity Name <b>LANIER &amp; SON, INC.</b>					
Principal Place of Business <b>532 ROAD 20 WHITE CITY FL 32465 US</b>		Mailing Address <b>532 ROAD 20 WHITE CITY FL 32465 US</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>11-3684037</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LANIER, ROY F 532 RD. 20 WHITE CITY FL 32465</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			<b>9. Election Campaign Financing \$5.00 May E</b> <b>Trust Fund Contribution. <input type="checkbox"/> Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<b>LANIER, ROY F</b>	NAME			
STREET ADDRESS	<b>532 ROAD 20</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WHITE CITY FL 32465</b>	CITY-ST-ZIP	<b>1000011555281</b>		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<b>LANIER, CLINT A</b>	NAME			
STREET ADDRESS	<b>237 INDIAN SWAMP RD.</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>	CITY-ST-ZIP	<b>05/16/06-80027-011 150.00</b>		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	<b>OTHIC, BRENDAN E</b>	NAME			
STREET ADDRESS	<b>632 RD. 20</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEWAHITCHKA FL 32465</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Roy F. Lanier* **Roy F. Lanier** **6-26-06** **850-827-6464**  
**227-4297**