

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

40107375



DOCUMENT # P03000021007 1. Entity Name LANIER & SON, INC.			
Principal Place of Business 532 ROAD 20 WHITE CITY, FL 32465 US		Mailing Address 532 ROAD 20 WHITE CITY, FL 32465 US	
2. Principal Place of Business - No P.O. Box # 532 Rd. 20 Suite, Apt. #, etc.		3. Mailing Address 532 Rd. 20 Suite, Apt. #, etc.	
City & State White City, FL		City & State White City, FL	
Zip 32465		Zip 32465	
Country USA		Country USA	
4. FEI Number 11-3684037		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANIER, ROY F 532 RD. 20 WHITE CITY, FL 32465		7. Name and Address of New Registered Agent Name N/A 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 <u><i>Roy F. Lanier</i></u> <u><i>Roy F. Lanier</i></u> <u>5-2-07</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIER, ROY F 532 ROAD 20 WHITE CITY, FL 32465	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANIER, CLINT A 297 INDIAN SWAMP RD 149 Reynolds Rd. WEWAHITCHKA, FL 32465	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTHIC, BRENDAN E 832 RD. 20 WEWAHITCHKA, FL 32465	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAVIS E TULLY PO BOX 441 CRAWFORDVILLE, FL 32326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Roy F. Lanier</i></u> <u><i>Roy F. Lanier</i></u>		Date <u>5-2-07</u> Daytime Phone # <u>850-227-4297</u>	