

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90160 001 \*\*\*\*37.50  
03-28-2007 90160 002 \*\*\*\*37.50  
03-28-2007 90160 003 \*\*\*\*75.00

**DOCUMENT # P03000079552**

1. Entity Name  
**LANAR, INC.**



Principal Place of Business  
1623 SW 1ST AVE.  
OCALA, FL 34474

Mailing Address  
1623 SW 1ST AVE.  
OCALA, FL 34474

00007011



03232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-0215022**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VASUDEVAN, RAM**  
1040 SW 2ND AVE.  
OCALA, FL 34474

**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 \_\_\_\_\_  
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	D	<input type="checkbox"/> Delete
NAME	VASUDEVAN, RAM	
STREET ADDRESS	1623 SW 1ST AVE.	
CITY - ST - ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	VASUDEVAN, ANJU	
STREET ADDRESS	1623 SW 1ST AVE.	
CITY - ST - ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, K.N.	
STREET ADDRESS	1623 SW 1ST AVE.	
CITY - ST - ZIP	OCALA, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, NAGENDER	
STREET ADDRESS	1623 SW 1ST AVE.	
CITY - ST - ZIP	OCALA, FL 34474	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vasudevan, Ram	
STREET ADDRESS	1040 SW 2nd Ave.	
CITY - ST - ZIP	Ocala, FL 34474	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vasudevan, Anju	
STREET ADDRESS	1040 SW 2nd Ave.	
CITY - ST - ZIP	Ocala, FL 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reddy, Nagender	
STREET ADDRESS	316 SE 12th St. #100	
CITY - ST - ZIP	Ocala, FL 34471	
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

*KN Reddy*

Date

3/23/07

Daytime Phone #

352-732-9844