

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90048 004 \*\*\*150.00

**COPY**



03032005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000083336</b>					
1. Entity Name <b>LANARCHY, INC.</b>					
Principal Place of Business <del>225 BAYVIEW RD</del> <del>3000 PONTIAC BLVD</del> <del>3000 PONTIAC BLVD</del> <b>3000 PONTIAC BLVD</b>			Mailing Address <del>225 BAYVIEW RD</del> <del>3000 PONTIAC BLVD</del> <del>3000 PONTIAC BLVD</del> <b>3000 PONTIAC BLVD</b>		
2. Principal Place of Business <b>112 MARIE DRIVE</b>			3. Mailing Address <b>112 MARIE DRIVE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>PONCE INLET, FL</b>		City & State <b>PONCE INLET, FL</b>		4. FEI Number <b>05-0581919</b>	
Zip <b>32127</b>	Country <b>VOLUSIA</b>	Zip <b>32127</b>	Country <b>VOLUSIA</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>IMHOFF, PAUL L</b> <del>225 BAYVIEW RD</del> <del>3000 PONTIAC BLVD</del> <del>3000 PONTIAC BLVD</del> <b>3000 PONTIAC BLVD</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>112 MARIE DRIVE</b> City <b>PONCE INLET</b> <b>FL</b> Zip Code <b>32127</b>		
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 reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IMHOFF, PAUL L <del>225 BAYVIEW RD</del> <del>3000 PONTIAC BLVD</del> <del>3000 PONTIAC BLVD</del> <b>3000 PONTIAC BLVD</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST IMHOFF, JAY L 112 MARIA DR PONCE INLET, FL 32127	<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	DV WILSON, SUSAN D 112 MARIA DR PONCE INLET, FL 32127	<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	
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 exemption stated in Section 119.07(3)(i), 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: <i>Paul Imhoff</i> <b>Paul Imhoff</b>			Date <b>3-17-05</b> Daytime Phone <b>386-756-9325</b>		