## CK TO Florida Dep

FILED

May 02, 2006 8:00 am

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P03000108650 05-02-2006 90171 020 \*\*\*150.00 1. Entity Name LANE'S PAPERHANGING, INC. Principal Place of Business Mailing Address 400100-405 WEST LAKE ELBERT PARK N.E. 405 WEST LAKE ELBERT PARK N.E. WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 2. Principal Place of Business 238 College Groves Cir 3. Mailing Address 38 College Groves CiR NE Suite, Apt. #, etc. Suite, Apt. #, etc. 03302006 Chg-P CR2E034 (11/05) City & State, 4. FEI Number Applied For WINFER HORIDA 20-0289563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAY, R. LANE (P.O. Box Number is Not Acceptable) 405 WEST LAKE ELBERT PARK N.E. Street Address WINTER HAVEN, FL 33881. CityWINTER Zip 23388/ HAVEN 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SOFFICERS AND DIRECTORS 10. - J. C. S. C. D TITLE Change ☐ Addition TITLE Delete GAY R LANC GAY, R. LANE NAME NAME 238 College Groves Circle NE STREET ADDRESS 405 WEST LAKE ELBERT PARK N.E. STREET ADDRESS WINTER HAVEN, FL 33881 WINTER HAVEN FloRida CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS 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 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, withall other like empowered. SIGNATURE:

SIGNING OFFICER OR DIRECTOR

ATURE AND TYPED OR PRINTED NAM