


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000052288</b> 1. Entity Name <b>J &amp; B LANIER CONSTRUCTION COMPANY, INC.</b>	
--	---

Principal Place of Business <b>652 W. MINNEOLA AVENUE CLERMONT, FL</b>	Mailing Address <b>652 W. MINNEOLA AVENUE CLERMONT, FL</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>33-1090896</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent  <b>LANIER, SHANE 652 W. MINNEOLA AVENUE CLERMONT, FL</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LANIER, REBECCA J 652 W. MINNEOLA AVENUE CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANIER, JACK R 652 W. MINNEOLA AVENUE CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANIER, SHANE 652 W. MINNEOLA AVENUE CLERMONT, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000562261  
05/19/06-80047-020 158.75

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 Rebecca J. Lanier Pres./Sec. April 28 2006 352-394-5655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #