2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000052288

1. Entity Name

J & B LANIER CONSTRUCTION COMPANY, INC.



FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

652 W. MINNEOLA AVENUE CLERMONT, FL

Mailing Address

652 W. MINNEOLA AVENUE CLERMONT, FL



DO NOT WRITE IN THIS SPACE

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04142007	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For
33-1090896		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

LANIER, SHANE 652 W. MINNEOLA AVENUE CLERMONT, FL

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								
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LANIER, REBECCA J 652 W. MINNEOLA AVENUE CLERMONT, FL				U00000713861 04/26/07-80106-012 150. 0 0			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANIER, JACK R 652 W. MINNEOLA AVENUE CLERMONT, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby o	certify that the information supplied with this file on this report or supplemental report is true a	ling does not qualify for the e	xemptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that the information of as if made under path; that I am an officer or director			

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: 📐

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

352-394-5655

Daytime Phone #