

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90002 050 \*\*\*158.75

<b>DOCUMENT # P04000127057</b> 1. Entity Name <b>LANCO SHUTTERS, INC.</b>					
Principal Place of Business <b>8201 PETERS RD., STE. 1000 PLANTATION, FL 33324</b>			Mailing Address <b>8201 PETERS RD., STE. 1000 PLANTATION, FL 33324</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HALL-JONES, YVONNE ESQ. PINE PALMS OFFICE PARK 10021 PINES BLVD., STE. 209 PEMBROKE PINES, FL 33024</b>				7. Name and Address of New Registered Agent Name <b>KEITH A. LANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>3880 TREE TOP DRIVE</b> City <b>WESTON</b> FL Zip Code <b>33332</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 the registered agent. SIGNATURE <b>KEITH A. LANE</b> DATE <b>8/10/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANE, KEITH A <input type="checkbox"/> Delete 3880 TREE TOP DR. WESTON, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANE, KEITH A <input type="checkbox"/> Delete 3880 TREE TOP DR. WESTON, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LANE, KAREN A <input type="checkbox"/> Delete 3880 TREE TOP DR. WESTON, FL 33332		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, KAREN A <input type="checkbox"/> Delete 3880 TREE TOP DR. WESTON, FL 33332		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: <b>KEITH A. LANE</b> DATE <b>8/10/05</b> <b>9544765335</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Jurisdiction Phone #</small>					

00062201



08142005 Chg-P CR2E034 (10/03)

4. FEI Number **20-3203706** Applied For Not Applicable

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



**Lanco Shutters Inc.**

8201 Peters Road, Suite 1000  
Plantation, Florida 33321  
Tel: 954-476-5335 Fax: 954-916-2601

ATTACHMENT

50062201  
#P04000127057

Florida Dept. of State  
Division of Corporations  
2676 Executive Center Circle  
Suite 100  
Tallahassee FL 32301

Attn: Agent In Charge

Dear Sir/Madam,

Could you kindly  
mail the Certificate to our  
attorney Mrs Yvonne Hall-Jones  
at; Immigration Law Firm  
316 Maxwell Road  
Suite 300  
Alpharetta, GA 30004

Thanks very much.

Keith A Lane