## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # P04000173154 1. Entity Name 03-24-2006 90027 041 \*\*\*150.00 LANE & LANE ENTERPRISES, INC. Principal Place of Business Mailing Address 5200 WESTSHORE DR 5200 WESTSHORE DR NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) · 4. FEI Number City & State City & State Applied For 05-0429140 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANE, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 5200 WESTSHORE DR **NEW PORT RICHEY FL 34652** City Zip Code 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 little if applicable (NOTE: Registered Agent signature required when resistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Delete TITLE ☐ Change NAME LANE, ROBERT D .... NAME 5200 WESTSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW PORT RICHEY FL 34652 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANE, MEROPI I MAME NAME 5200 WESTSHORE DR STREET ADDRESS STREET ADDRESS NEW PORT-RICHEY FL 34652 CITY-ST-ZIP CITY-ST ZIP THE ☐ Delete HILL ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND PREVOR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D. LANE 3/14/06 (727)846 8620

FILED

Mar 24, 2006 8:00 am