



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90016 027 \*\*\*150.00

<b>DOCUMENT # P05000052463</b> 1. Entity Name <b>BILLY LANE FLOORING, INC.</b>					
Principal Place of Business <b>5759 NE 62ND COURT ROAD SILVER SPRINGS, FL 34488</b>			Mailing Address <b>5759 NE 62ND COURT ROAD SILVER SPRINGS, FL 34488</b>		
2. Principal Place of Business <b>2323 NE 40TH AV</b>		3. Mailing Address <b>2323 NE 40TH AV</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02032006    Chg-P    CR2E034 (11/05)	
City & State <b>Ocala FL</b>		City & State <b>Ocala FL</b>		4. FEI Number <b>202705999</b>	
Zip <b>34470</b>		Country <b>marion</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LANE, BILLY 2323 NE 40TH AVENUE OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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: <u><b>Billy Lane Billy Lane</b></u> DATE: <u><b>2-6-06</b></u> <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 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. LANE, BILLY</b> <b>5759 NE 62ND COURT ROAD</b> <b>SILVER SPRINGS, FL 34488</b>	<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	
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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 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: <u><b>Billy Lane Billy Lane</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u><b>2-6-06</b></u> Daytime Phone #: <u><b>209-3954</b></u>		