2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000099627

1. Entity Name
LANE BRYANT DEVELOPMENT INC

Principal Place of Business
38520 STILL LN
N FT MYERS FL 33917
US

Mailing Address
38520 STILL LN
N FT MYERS FL 33917
US

2. Principal Place of Business - No P O Box #
Suite, Apt #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt #, etc
City & State
Zip | Country

1st MOORE   CR2E034 (10/06)

4. FEI Number 20-3152459   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, DAVID
38520 STILL LN
N FT MYERS FL 33917

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City   FL   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 title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	CRAWFORD, DAVID	
STREET ADDRESS	38520 STILL LN	
CITY ST ZIP	N FT MYERS FL 33917	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
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CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	U00000612917	
STREET ADDRESS	02/05/07-80005-014 150.00	
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

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.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #