


**2007 - FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90206 020 ***150.00

DOCUMENT # P05000124852 1. Entity Name NEAL LANE CONSTRUCTION SERVICES INC.					
Principal Place of Business 5040 BEECHWOOD RD. DELRAY BEACH FL 33484			Mailing Address 5040 BEECHWOOD RD. DELRAY BEACH FL 33484		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 311 HOMEWOOD BLVD,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State DELRAY BEACH FL		4. FEI Number APPLIED FOR 20-3456088	
Zip	Country	Zip 33445	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, NEAL 311 HOMEWOOD BLVD. DELRAY BEACH FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LANE, NEAL 311 HOMEWOOD BLVD. DELRAY BEACH FL 33445		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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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 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: <u>Neal J. Lane</u> 4-16-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FIN 20-3456088