

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

2011 OCT 13 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000150251**

1. Entity Name

LAW OFFICES OF JODY LANE, P.A.



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2. Principal Place of Business - No P.O. Box #

59 WINDSOR LANE

3. Mailing Address

59 WINDSOR LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number

20-3748473

Applied For

Not Applicable

Zip
33418

Country
USA

Zip
33418

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

JODY LANE

Street Address (P.O. Box Number is Not Acceptable)

59 WINDSOR LANE

City

Palm Beach Gardens FL

Zip Code

33418

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

Jody Lane

JODY LANE

10/6/11

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when so indicating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR's \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution.

Added to Fees

E-mail Address:

Jody545107@gmail.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
JODY LANE
59 WINDSOR LANE
Palm Beach Gardens, FL 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

**Filed AR without penalty. Our office
Failed to properly update email address**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SP 10/13

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

Jody Lane, JODY LANE, D

10/6/11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**400213287414
10/14/11-01003-001 ***150.00**

SP 10/13

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