

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077868

Entity Name: LAN ASSOCIATES, INC.

FILED  
Feb 19, 2009  
Secretary of State

## Current Principal Place of Business:

66 CUNA ST.  
SAINT AUGUSTINE, FL 32084 US

## New Principal Place of Business:

66 CUNA ST.  
SAINT AUGUSTINE, FL 32084 US

## New Mailing Address:

FEI Number: 20-4997526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOHNSON, JANET  
66 CUNA ST.  
SAINT AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: VAN DOREN, GUY D  
Address: 82 WATER STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: VPD ( ) Delete  
Name: CALLEGARI, CHRISTOPHER  
Address: 2056 RIVER OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: S ( ) Delete  
Name: KULIK, KATHERINE A  
Address: 2 AVENUE MONET  
City-St-Zip: PALM COAST, FL 32137 US

Title: TD ( ) Delete  
Name: MATTHEWS, DAVID P  
Address: 261 OAK COMMON AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: CALLEGARI, CHRISTOPHER L  
Address: 2056 RIVER OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: S (X) Change ( ) Addition  
Name: KULIK, KATHERINE A  
Address: 615 FAIRWAY DRIVE, APT. 203  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L. CALLEGARI

VPD

02/19/2009

Electronic Signature of Signing Officer or Director

Date