

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001213

Entity Name: 982 LEMONGRASS LANE INC.

FILED  
Jan 26, 2009  
Secretary of State

**Current Principal Place of Business:**

982 LEMONGRASS LANE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

982 LEMONGRASS LANE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 20-8169119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MINER, DANIEL K  
982 LEMONGRASS LANE  
WELLINGTON, FL 33414 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: P ( ) Delete  
Name: MINER, DANIEL K  
Address: 982 LEMONGRASS LANE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: S/T ( ) Delete  
Name: MINER, JOANNE L  
Address: 982 LEMONGRASS LANE  
City-St-Zip: WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DANIEL K MINER

PRES

01/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date