

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000038057

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: KYLE LANE, INC.

**Current Principal Place of Business:**

1795 COGSWELL AVENUE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1795 COGSWELL AVENUE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

FEI Number: 20-8909552      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HEALY, PATRICK F  
1800 W HIBISCUS BOULEVARD  
SUITE 138  
MELBOURNE, FL 32901 US

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

MOLITOR, DONALD N  
1795 COGSWELL ST  
ROCKLEDGE, FL 32955 US

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: DONALD N MOLITOR

01/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MOLITOR, DONALD N  
Address: 1795 COGSWELL STREET  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: MOLITOR, JUDITH M  
Address: 1795 COGSWELL STREET  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: MOLITOR, D SCOTT  
Address: 1795 COGSWELL STREET  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: MOLITOR, MICHELE  
Address: 1795 COGSWELL STREET  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: MOLITOR HARLAND, NANETTE  
Address: 1795 COGSWELL STREET  
City-St-Zip: ROCKLEDGE, FL 32955

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

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

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

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

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: DONALD N MOLITOR

D

01/22/2008

Electronic Signature of Signing Officer or Director

Date