2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P28085

1. Entity Name

LAN ASSOCIATES, ENGINEERING, PLANNING, ARCHITECTURE, SURVEYING, INC.



FILED Feb 07, 2008 08:00 AN Secretary of State

Principal Place of Business

445 GODWIN AVE MIDLAND PARK, NJ 07432 Mailing Address

445 GODWIN AVE MIDLAND PARK, NJ 07432



01022008

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-1855328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LACZ, JOHN A 2500 EAST LAS OLAS BLVD. SUITE 901 FT. LAUDERDALE, FL 33301

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No Chg-P

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

Signature, typed or printed name of registered agent and title (I applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CEO PANICUCCI, RONALD M 281 SAW MILL ROAD NORTH HALEDON, NJ 07508 PD
NAME STREET ADDRESS CITY+ST-ZIP	KARLE, KENNETH H 343 LANDI COURT WYCKOFF, NJ 07481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SECORA, STEPHEN J 377 ANNETTE COURT WYCKOFF, NJ 07481
TITLE NAME STREET ADDRESS CHY-SI-ZIP	VP MCGOVERN, MICHAEL J 31 WOODCOCK ROAD MONROE, NY 10950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACZ, JOHN A 2500 EAST LAS OLAS BLVD SUITE 901 FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
12. Thereby certify that the information supplied with this filing does not equally for the ex-	

U00000818667 02/15/08-80051-015 150.00

DO NOT WRITE IN THIS SPACE

I nereby certify that the information supplied with this filling 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 kristee 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: