

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000092461

Entity Name: LANT & ASSOCIATES, INC.

FILED
Jul 11, 2005
Secretary of State

Current Principal Place of Business:

1555 HOWELL BRANCH RD
STE 202 C
WINTER PARK, FL 32789 US

New Principal Place of Business:

59 MAIN STREET
BRYSON CITY, NC 28713 US

Current Mailing Address:

1555 HOWELL BRANCH RD
STE 202 C
WINTER PARK, FL 32789 US

New Mailing Address:

59 MAIN STREET
BRYSON CITY, NC 28713 US

FEI Number: 59-3347693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANT, THOMAS W
1330 LAKE KNOWLES CIRCLE
Y
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

LANT, THOMAS W
295 ROCKY RIDGE DR.
ALMOND, NC, FL 28702 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: THOMAS W LANT

07/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PMD () Delete
Name: LANT, THOMAS W
Address: 1330 LAKE KNOWLES CIR
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: STEVEN DZIABIS, MD
Address: 1330 LAKE KNOWLES CIR
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: ROGERS, SUZANNE
Address: 5689 WYCOMBE LANE
City-St-Zip: INDIANAPOLIS, IN 46220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PMD (X) Change () Addition
Name: LANT, THOMAS W
Address: 295 ROCKY RIDGE DR
City-St-Zip: ALMOND, NC 28702 US

Title: D (X) Change () Addition
Name: DZIABIS, STEVEN P.
Address: PO BOX 95
City-St-Zip: ALMOND, NC 28702

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS W. LANT

PMD

07/11/2005

Electronic Signature of Signing Officer or Director

Date