

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90059 015 \*\*\*150.00

**DOCUMENT # P95000096063**

1. Entity Name

LANSON & ASSOCIATES, INC.



Principal Place of Business

2475 JEN DRIVE  
SUITE 3  
MELBOURNE FL 32940  
US

Mailing Address

7987 BRADWICK WAY  
MELBOURNE FL 32940  
US

2. Principal Place of Business

3. Mailing Address

2475 JEN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3354103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGE, W. PATRICK  
7987 BRADWICK WAY  
MELBOURNE FL 32940

Name

Street Address (P.O. Box Number is Not Acceptable)

5083 OUTLOOK DRIVE

City

FL

Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LANGE, W. PATRICK  
STREET ADDRESS 7987 BRADWICK WAY  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE DVS ☐ Delete  
NAME LANGE, JENNIFER C  
STREET ADDRESS 7987 BRADWICK WAY  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5083 OUTLOOK DRIVE  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5083 OUTLOOK DRIVE  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Patrick Lange* W. PATRICK LANGE

MARCH 21, 2005 321-757-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #