

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90316 022 ***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

2475 JEN DRIVE
SUITE 3
MELBOURNE FL 32940
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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
5083 OUTLOOK DRIVE
MELBOURNE FL 32940

Name

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

3466 HOOFPRI NT 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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME LANGE, W. PATRICK
STREET ADDRESS 5083 OUTLOOK DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3466 HOOFPRI NT DRIVE
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME LANGE, JENNIFER C
STREET ADDRESS 5083 OUTLLOK DRIVE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3466 HOOFPRI NT DRIVE
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 4/21/06 321-757-3232