


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 025 ***150.00

DOCUMENT # P96000073834 1. Entity Name LAUREL INTERCHANGE CORPORATION					
Principal Place of Business 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 US			Mailing Address 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 US		
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail Suite, Apt. #, etc. Suite 203		3. Mailing Address 333 South Tamiami Trail Suite, Apt. #, etc. Suite 203			
City & State Venice, FL		City & State Venice, FL		4. FEI Number 65-0692398	
Zip 34285		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 SUITE A VENICE, FL 34285				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 South Tamiami Trail, Suite 203 City Venice FL Zip Code 34285	
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 _____ DATE 5/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MICHAEL W 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, JAYNE E 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, TINOTHY D 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5/1/08 Daytime Phone # 941 441 1651		