2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000032294

1. Entity Name L.A.N., INC.

FILED Mar 12, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8840 ATLAN #1 Jacksonvill	LE, FL 32211 US		02192007 No Chg-P CR2E034 (11/05)				
	o NOT WRITE II	, E					
	O NOT WRITE II		4. FEI Number 59-3448			Applied For Not Applicable	
				of Status Desired		.75 Additional	
81. 18 77 X.L	6. Name and Address of Current Regis	tered Agent				700	Required
	NA LLINS CREEK DRIVE VILLE, FL 32258	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or register	ed agent, or both	, in the State of Flo	rida. I am fami	liar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	d Agent signature required	equired when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		00 May Be ad to Fees			
10.	OFFICERS AND DIREC	CTORS					
title l Name Street adoress City-St-Zip	D ETLIN, BORIS 4345 BRANDON GLENN CT JACKSONVILLE, FL 322561257						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ETLIN, ALEXANDER 11963 COLLINS CREEK DRIVE JACKSONVILLE, FL 32258				000i 03/21/i))0066329)7-80047	32 7-012 150.00
IITLE Name Street address City-St-7ip	VPST ETLIN, NINA 11963 COLLINS CREEK DRIVE JACKSONVILLE, FL 32258			DO	NOT W	RITE	
ntle Name Street address City-St-Zip				IN T	HIS SP	ACE	
nitle Name Street address City-St-Zip							
NTLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby c	certify that the information supplied with this fi	ling does not qualify for the exe	motions contained	in Chapter 119.	Florida Statutes, I	urther certify th	nat 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: A. Etlin /ALEXANDER	ETLIN	2.12.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	•	Date	Daytime Phone #