


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 A
Secretary of State


DOCUMENT # P97000032294
 1. Entity Name
 L.A.N., INC.



Principal Place of Business
 8840 ATLANTIC BLVD
 #1
 JACKSONVILLE, FL 32211 US

Mailing Address
 11963 COLLINS CREEK DRIVE
 JACKSONVILLE, FL 32258

DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3448260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETLIN, NINA
 11963 COLLINS CREEK DRIVE
 JACKSONVILLE, FL 32258

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ETLIN, NINA 11963 COLLINS CREEK DRIVE JACKSONVILLE, FL 32258
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 03/06/08-80051-017 150.00

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: ALEXANDER ETLIN 2.25.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #