## 2006 FOR PROFIT CORPORATION - ANNUAL REPORT

## DOCUMENT # P97000053181

Entity Name

JEFF LANE CORPORATION



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business

2880 WILSKY ROAD LAND O LAKES, FL 34639-5028 Mailing Address

2880 WILSKY ROAD

LAND O LAKES, FL 34639-5028



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3449284 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LOVELACE, WILLIAM K ESQ. 2310 WEST BAY DRIVE LARGO, FL 33770

## DO NOT WRITE IN THIS SPACE

| 8. The above<br>the obligat                    | named entity submits this statement for the plions of registered agent. | urpose of changing its registere                 | ed office or r   | egistered agent, or b                     | oth, in the State of Florida. I am familiar with, and acc |  |
|--|---|--|------------------|---|---|--|
| SIGNATURE.                                     |   |  |                  |   |   |  |
|  | Signature, typed or printed name of registered agent and title in       | applicable (NOTE Registered                      | d Agent signatun | required when reinstitling)               | DATE  |  |
| FIG.<br>After M                                | E NOW!!! FEE IS \$150.00<br>ny 1, 2008 Fee will be \$550.00             | Election Campaign Finan Trust Fund Contribution. |                  | \$5.00 May Be<br>Added to Fees            |   |  |
| 10.  | ÓFFICERS AND DIREC  | TORS   | <u> </u>         |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LANE, JEFFREY<br>2880 WILSKY ROAD<br>LAND O LAKES, FL 346395028    |  |                  | 000000388610<br>01/20/06-80011-013 158.75 |   |  |
| TITLE NAME STREET ADDRESS CITY -ST-ZIP         |   |  |                  | DO NOT WRITE IN THIS SPACE                |   |  |
| THILE HAME STREET ADDRESS CITY-ST-ZIP          |   |  |                  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                  |   |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |                  |   |   |  |
| TITLE NAME STREET ADDRESS CUTY_ST_TIP          |   |  |                  |   |   |  |

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 path; 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAMPLE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR OF DELEGATION OF DELEG