
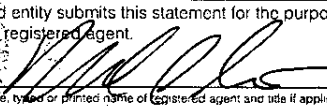
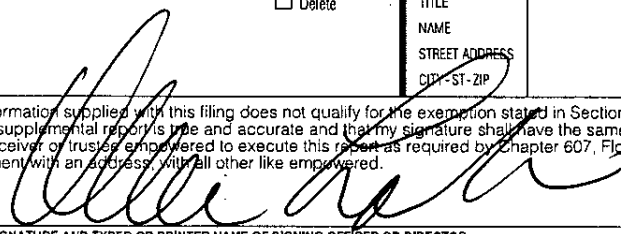


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90302 016 ***150.00

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # P97000091849 1. Entity Name D. LANAHAN & COMPANY, INC. | | | |  | |
| Principal Place of Business 11326 LAKE MANDARIN CIR. E JACKSONVILLE, FL 32223 | | | Mailing Address 11326 LAKE MANDARIN CIR. E JACKSONVILLE, FL 32223 | | |
| 2. Principal Place of Business 731 Phillips Dairy Rd. <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 731 Phillips Dairy Rd. <small>Suite, Apt. #, etc.</small> | | | |
| City & State Tryon, NC Zip 28782 | | City & State Tryon, NC Zip 28782 | | 4. FEI Number 59-3539562 | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LANAHAN, DENNIS 11326 LAKE MANDARIN CIR E JACKSONVILLE, FL 32223 | | | | 7. Name and Address of New Registered Agent Name Michael A. Altes Street Address (P.O. Box Number is Not Acceptable) 4219 Lexington Ave. Jacksonville FL Zip Code 32210 | |
| 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  Michael A. Altes 4/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | PS LANAHAN, DENNIS 11326 LAKE MANDARIN CIR. E JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS Lanahan, Dennis 731 Phillips Dairy Rd. Tryon, NC 28782 <input checked="" 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 | |
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| 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 exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |