

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90023 031 ***158.75

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1. Entity Name

LAURA ANN INC.



Principal Place of Business

36 S. MAGNOLIA AVE.
UNIT B
OCALA FL 34471

Mailing Address

36 S. MAGNOLIA AVE.
UNIT B
OCALA FL 34471

2. Principal Place of Business

Lauradann, inc

3. Mailing Address

36 S. Magnolia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

36 S. Magnolia

Ocala FL 34471

City & State

City & State

Ocala

Ocala FL 34471

Zip

Country

Zip

Country

34471

USA

34471

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMER, ED
3240 S.W. 34TH ST
APT #1009
OCALA FL 34474

Name

Laura Lane

Street Address (P.O. Box Number is Not Acceptable)

3215 SE 19 AVE

Ocala FL

Ocala

FL

Zip Code

34471

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME HARMER, EDWARD S
STREET ADDRESS 320 SHEPHERD AVE
CITY-ST-ZIP MIDDLESEX NJ 08846

TITLE VPD
NAME HELDMEN, LAURA (Lane)
STREET ADDRESS 3215 SE 19TH AVE
CITY-ST-ZIP Ocala FL 34471

TITLE SD
NAME MANN, REBECCA
STREET ADDRESS P.O. BOX 404
CITY-ST-ZIP NICHOLS NY 13812

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President / D/S VTD
NAME LANE LAURA
STREET ADDRESS 3215 SE 19 AVE
CITY-ST-ZIP Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laura Lane Laura Lane 2/1/04 352-6240508