

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # P98000071461



1. Entity Name  
GINGERBREAD LANE, INC.

Principal Place of Business  
4715 KIRBY LOOP ROAD  
FORT PIERCE, FL 34981

Mailing Address  
4715 KIRBY LOOP ROAD  
FORT PIERCE, FL 34981



03092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0858280 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, LINDA L  
4715 KIRBY LOOP ROAD  
FORT PIERCE, FL 34981

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000101789  
04/02/04-80027-023 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HALL, LINDA L  
STREET ADDRESS 7655 14TH LANE  
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE SD  
NAME HALL, CLARENCE F  
STREET ADDRESS 7655 14TH LANE  
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE V  
NAME BASQUEZ, SUSAN L  
STREET ADDRESS 4715 KIRBY LOOP ROAD  
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE V  
NAME HALL, DEBORAH J  
STREET ADDRESS 4715 KIRBY LOOP ROAD  
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE V  
NAME HALL, BARBARA A  
STREET ADDRESS 4715 KIRBY LOOP ROAD  
CITY-ST-ZIP FORT PIERCE, FL 34981

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

*Clarence F. Hall*, CLARENCE F. HALL, 3-23-2004, 772-299-0166