


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000071461 1. Entity Name GINGERBREAD LANE, INC.	
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Principal Place of Business 711 NW AIROSO BLVD. PORT ST. LUCIE, FL 34983	Mailing Address 4715 KIRBY LOOP ROAD FORT PIERCE, FL 34981
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01212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0858280	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 HALL, LINDA L 711 NW AIROSO BLVD. PORT ST. LUCIE, FL 34983

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000602127
01/26/07-80077-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, LINDA L 7655 14TH LANE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, CLARENCE F 7655 14TH LANE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASQUEZ, SUSAN L 4715 KIRBY LOOP ROAD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, DEBORAH J 4715 KIRBY LOOP ROAD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, BARBARA A 4715 KIRBY LOOP ROAD 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #