

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90038 023 ***167.50

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1. Entity Name
LABORDE AND LANESE SERVICE CORPORATION



Principal Place of Business
6101 WEBB RD, STE 107
TAMPA, FL 33615

Mailing Address
6101 WEBB RD, STE 107
TAMPA, FL 33615

40021134



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3537288	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LABORDE, JOEL MD
6101 WEBB ROAD
SUITE 107
TAMPA, FL 33615

**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 \$450.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LABORDE, JOEL M.D.
STREET ADDRESS	6101 WEBB RD, STE 107
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	D
NAME	LANESE, JOSEPH W M.D.
STREET ADDRESS	6101 WEBB RD, STE 107
CITY-ST-ZIP	TAMPA, FL 33615

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #