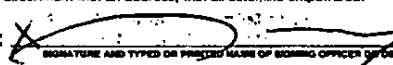


FILED
Apr 18, 2005 8:00 am
Secretary of State

03-16-2005 90031 041 ***150.00

**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000029687			
1. Entity Name LANIER AUTO SALES, INC.			
Principal Place of Business 95 E. PALMETTO ST WINTER GARDEN, FL 34787 US		Mailing Address P.O. BOX 35 OAKLAND, FL 34760 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 59-356264		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANNEY, PAUL 95 E. PALMETTO ST WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P JANNEY, PAUL ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANNEY, PAUL	NAME	
STREET ADDRESS	PO BOX 35	STREET ADDRESS	
CITY- ST- ZIP	OAKLAND, FL 34760	CITY- ST- ZIP	
TITLE	S JANNEY, THERESA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JANNEY, THERESA	NAME	
STREET ADDRESS	PO BOX 35	STREET ADDRESS	
CITY- ST- ZIP	OAKLAND, FL 34760	CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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: 		3-11-05 407-948-9037	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	