


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F79850
 1. Entity Name
LACOSTE ENTERPRISES, INC.



Principal Place of Business Mailing Address
6755 HUNDRED ACRE DR **6755 HUNDRED ACRE DR**
PORT ST JOHN, FL 32927 US **PORT ST JOHN, FL 32927 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2193129	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
LACOSTE, LOIS M
6755 HUNDRED ACRE DR
PORT ST JOHN, FL 32927

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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 (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000503871
 04/26/06-80049-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS LACOSTE, LOIS M 6755 HUNDRED ACRE DR PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACOSTE, ROBERT 6755 HUNDRED ACRE DR PORT ST JOHN, FL 32927
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Lois M. Lacoste 4/10/06 321-636-6205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lois M. Lacoste