

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # G35612 1. Entity Name LASS ENTERPRISES, INC.	
--	---

Principal Place of Business 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714	Mailing Address 201 GRACE BLVD ALTAMONTE SPRINGS, FL 32714
--	--

DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2313218	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLOWER, BRUCE W., ESQ. 511 NORTH MAITLAND AVE. MAITLAND, FL 32751	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
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VANDER BOEGH, ALAN D 201 GRACE BLVD ALTAMONTE SPRGS, FL00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDER BOEGH, LAWRENCE 201 GRACE BLVD. ALTAMONTE SPRGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLOWER, BRUCE W. 511 NORTH MAITLAND AVE. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDER BOEGH, SUSAN 201 GRACE BLVD. ALTAMONTE SPRGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VANDER BOEGH, SHIRLEY 201 GRACE BLVD. ALTAMONTE SPRGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000113375
04/15/04-80007-001 150.00

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: <u>Alan Vander Boegh</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4-20-04</u> Date	<u>407-682-6334</u> Daytime Phone #
---	---------------------------------------	---