

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 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**



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 reappointing)

DATE _____

**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**

000000331493
04/26/05-80017-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
VANDER BOEGH, ALAN D
201 GRACE BLVD
ALTAMONTE SPRGS, FL 00000,**

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

**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: Alan D. Vander Boegh **ALAN D. VANDER BOEGH** 4-22-05 407-682-6334