

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90032 043 \*\*\*150.00

**DOCUMENT # L13533**

1. Entity Name  
**LARIAT ENTERPRISES INC.**



Principal Place of Business  
 945 36TH COURT S.W.  
 VERO BEACH, FL 32968

Mailing Address  
 945 36TH COURT S.W.  
 VERO BEACH, FL 32968 US

42041408



2. Principal Place of Business  
**970 18th Ave S.W.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**970 18th Ave S.W.**  
 Suite, Apt. #, etc.

01222004 Chg-P CR2E034 (10/03)

City & State  
**Vero Beach FL**  
 Zip  
**32962**  
 Country  
**Indian River**

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**Vero Beach FL**  
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**32962**  
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4. FEI Number  
**59-2985587**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HARP, PHILIP G**  
**945 36TH COURT S.W.**  
**VERO BEACH, FL 32968**

7. Name and Address of New Registered Agent  
 Name **Philip G Harp**  
 Street Address (P.O. Box Number is Not Acceptable)  
**970 18th Ave S.W.**  
 City **Vero Beach** FL Zip Code **32962**

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 **Philip G Harp**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)  
 DATE **1/22/04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARP, PHILIP G 945 36TH COURT S.W. VERO BEACH, FL 32968	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Philip G Harp 970 18th Ave S.W. Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Philip G Harp**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/04**  
 Date Daytime Phone #