


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90307 015 ***150.00

DOCUMENT # P02000056318

1. Entity Name
LAISVA, INC.



Principal Place of Business
**7200 PINNACLE DR #K22
 FT MYERS, FL 33907**

Mailing Address
**7200 PINNACLE DR #K22
 FT MYERS, FL 33907**

74000000



2. Principal Place of Business
8765 Fawn Ridge Drive

3. Mailing Address
8765 Fawn Ridge Drive

Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State
Ft Myers FL

City & State
Ft Myers FL

Zip
33912

Country
USA

Zip
33912

Country
USA

4. FEI Number
03-0441839

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MEILUTIENE, INGRIDA S
 7200 PINNACLE DR #K22
 FT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8765 Fawn Ridge Drive

City **Ft Myers** FL Zip Code **33912**

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 reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	MEILUTIS, LINAS <input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILUTIS, LINAS	NAME	
STREET ADDRESS	7200 PINNACLE DR #K22	STREET ADDRESS	8765 Fawn Ridge Drive
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	Ft. Myers FL 33912
TITLE P	MEILUTIENE, INGRIDA S <input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILUTIENE, INGRIDA S	NAME	
STREET ADDRESS	7200 PINNACLE DR #K22	STREET ADDRESS	8765 Fawn Ridge Drive
CITY-ST-ZIP	FORT MYERS, FL 33907	CITY-ST-ZIP	Ft Myers FL 33912
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: INGRIDA MEILUTIENE **04-14-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #