


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000035751**  
 1. Entity Name  
 LGZ ENTERPRISE, INC.



Principal Place of Business  
 509 MIRASOL CIRCLE  
 SUITE 105  
 CELEBRATION, FL 34747 US

Mailing Address  
 509 MIRASOL CIRCLE  
 SUITE 105  
 CELEBRATION, FL 34747 US



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 83-0351854 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 MOORE, JANET C  
 509 MIRASOL CIRCLE  
 SUITE 105  
 CELEBRATION, FL 34747

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MOORE, LARRY T
STREET ADDRESS	509 MIRASOL CIRCLE, SUITE 105
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	VP
NAME	ZIEMBA, RONALD S
STREET ADDRESS	612 WISTERIA LANE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	TD
NAME	MOORE, JANET C
STREET ADDRESS	509 MIRASOL CIRCLE, SUITE 105
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	S
NAME	ZIEMBA, REBECCA L
STREET ADDRESS	612 WISTERIA LANE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000535164  
 05/08/06-80041-011 158.75

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: Janet C. Moore Janet C. Moore 4-19-06 321-939-1286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #