2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000088341



FILED May 01, 2008 8:00 am Secretary of State

1. Enlity Name LACEY'S PAST & PRESENTS, INC.						05-01-2008			8.75
Principal Place of Business 121 W. PLANT ST WINTER GARDEN, FL 34787		Mailing Address 121 W. PLANT ST WINTER GARDEN, FL 34787				•			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04302008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State		4. FEI Numb			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Zip Count		5. Certificat	e of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent	•	I	7. Name an	d Address of New F	Registered A	Agent	
				Name					
LACEY, JO ANN 226 S HIGHLAND AVE WINTER GARDEN, FL 34787			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code	e
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 primed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) DATE UNITE: Registered Agent signature required when reinstating)									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.0 Trust Fund Contribution.									
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND	DIRECTORS	5 IN 11
TITLE	D □ Delete □ □ TH		LE				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ET ADDRESS 226 S HIGHLAND AVE			ME LEET ADDRESS Y-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY+ST-ZIP	☐ Delete			I .				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition

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:

NO TYPED OR PRINTED HAME OF SIGNONG OFFICER OR DIRECTOR

4/30/08

407-877-0505