## 2008 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

## FILED Mar 12, 2008 08:00 A DOCUMENT # P05000121185 1. Entity Name **Secretary of State** LIZZARD RIDERS, INC. Principal Place of Business Mailing Address 22280 BUSHING STREET 22280 BUSHING STREET **BOCA RATON FL 33428 BOCA RATON FL 33428** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For **NO-T APPLICABLE** Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GASS, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 10001 N.W. 50TH STREET 204 SUNRISE FL 33351 City Zip Code 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 liams of top sin edingert and the if applicable (NOTE: Registried Agont a gosturo required when roins abing) DATE FILE NOW!!! FEE IS \$150.00 ---\$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ I Addition NAME PAPANTONATOS, PETE NAME STREET ADDRESS 22280 BUSHING STREET STREET ADDRESS U00000854855 CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST 7IP TITLE ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP ПБЕ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 expowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver or trustee if changed, or on an attachment with an ad

#ke empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: