


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 348646**  
 1. Entity Name  
**LASSITER-WARE OF CITRUS COUNTY, INC.**



Principal Place of Business 2421 HIGHWAY 44, WEST PO BOX 1209 INVERNESS, FL 34451-1209 US	Mailing Address 2421 HIGHWAY 44, WEST PO BOX 1209 INVERNESS, FL 34451-1209 US
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1284153	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 OSTRANDER, TED R. J  
 1317 CITIZENS BLVD.  
 LEESBURG, FL 34748

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOER, JOHN J JR 1089 PALM HARBOR DRIVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSTRANDER, TED R JR. 9263 SILVER LAKE DRIVE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAHNE, JOHN E 1019 PALM COVE DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/04-80055-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1/26/04** **352 787-3441**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #