

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90483 048 ***150.00

| | | | |
|---|--|--|---|
| DOCUMENT # 524320 1. Entity Name LEZGUS, INC. | | | |
| Principal Place of Business 11170 BONITA BEACH ROAD BONITA SPRINGS, FL 34135 US | | Mailing Address P.O. BOX 366969 BONITA SPRINGS, FL 34136-6969 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 11170 Bonita Beach Road Suite, Apt. #, etc. | |
| City & State City: Bonita Springs, FL | | 4. FEI Number 59-1814483 | |
| Zip 34135-5703 | | Country USA | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LEZGUS, EUGENE 1689 BONITA COURT NAPLES, FL 33942 | | 7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEZGUS, EUGENE 1689 BONITA COURT NAPLES FL, | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD LEZGUS, EUGENE E III 3255 13TH AVE SW NAPLES, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LEZGUS, KATHY L 3255-13TH AVE SW NAPLES, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: <i>Kathy L. Lezgus</i> See Kathy L. Lezgus, Sec 04/22/04 239-992 2228 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |