


FILED
Mar 13, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000007409 1 Entity Name LASSEN HOLDING CO., INC.		
Principal Place of Business 285 GRANDE WAY, APT 1005 NAPLES, FL 34110		Mailing Address 285 GRANDE WAY, APT 1005 NAPLES, FL 34110
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent LASSEN, ARNE C 285 GRANDE WAY, APT 1005 NAPLES, FL 34110		DO NOT WRITE IN THIS SPACE
<small>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.</small>		
<small>SIGNATURE _____</small> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	CP LASSEN, ARNE C 285 GRANDE WAY, APT 1005 NAPLES, FL 34110	<div>U000000856435</div> <div>03/28/08-80012-009 150.00</div> DO NOT WRITE IN THIS SPACE
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	VS STAGE-PEDERSEN, CARSTEN P O BOX 3878 EATONTON, GA 31024	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	T LASSEN, SANDRA G 285 GRANDE WAY, APT 1005 NAPLES, FL 34110	
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<small>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.</small>		
SIGNATURE: <u>C. STAGE-PEDERSEN</u> 3-10-2008 706-343-0174 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		