


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F47280
 1. Entity Name
 LIZ DEVELOPMENT CORP.



Principal Place of Business Mailing Address
 501 E. KENNEDY BLVD., #1700 501 E. KENNEDY BLVD., #1700
 TAMPA, FL 33602-4988 1250
 TAMPA, FL 33602-4988

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2132238 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
 501 E. KENNEDY BLVD., #1700
 1250
 TAMPA, FL 33602

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORRISON, WILLIAM
STREET ADDRESS	101 E KENNEDY BLVD, 1250
CITY - ST - ZIP	TAMPA, FL 336025197
TITLE	DAS
NAME	BOGGS, E JACKSON
STREET ADDRESS	501 E. KENNEDY BLVD., #1700
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	PST
NAME	LINDSEY, ELIZABETH
STREET ADDRESS	501 E. KENNEDY BLVD., #1700
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	D
NAME	LINDSEY, ELIZABETH
STREET ADDRESS	501 E. KENNEDY BLVD., #1700
CITY - ST - ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: Elizabeth Lindsey Date: 2/1/05 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR