


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F47280 1. Entity Name LIZ DEVELOPMENT CORP.					
Principal Place of Business 501 E. KENNEDY BLVD., #1700 TAMPA, FL 33602-4988		Mailing Address 501 E. KENNEDY BLVD., #1700 1250 TAMPA, FL 33602-4988			
DO NOT WRITE IN THIS SPACE					
				04282006 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2132238	
		Applied For Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/> \$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		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>4/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
		UD00000543810 05/11/06-80011-009 150.00			
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					
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.					
SIGNATURE: <u>Elizabeth Lindsey</u>		DATE <u>4/28/06</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>			