2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F95000005510

Entity Name: LAZY LANE FARMS, INC.

Current Principal Place of Business:

1000 WILSON BLVD
SUITE 2700
ARLINGTON, VA 22209 US

New Principal Place of Business:

Current Mailing Address:

1000 WILSON BLVD
SUITE 2700
ARLINGTON, VA 22209 US

New Mailing Address:

FEI Number: 52-1587814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	ALLBRITTON, ROBERT L	
Address:	1000 WILSON BLVD, SUITE 2700	
City-St-Zip:	ARLINGTON, VA 22209	
Title:	S	( ) Delete
Name:	WHITE, VIRGINIA L	
Address:	5615 KIRBY DR., #310	
City-St-Zip:	HOUSTON, TX 77005	
Title:	DC	( ) Delete
Name:	ALLBRITTON, JOE L	
Address:	5615 KIRBY DR., #310	
City-St-Zip:	HOUSTON, TX 77005	
Title:	P	( ) Delete
Name:	SHIPP, FRANK L	
Address:	32128 JOHN MOSBY HIGHWAY, RT. 50 WEST	
City-St-Zip:	UPPERVILLE, VA 20185	
Title:	VP	( ) Delete
Name:	GIBSON, STEPHEN P	
Address:	1000 WILSON BLVD., SUITE 2700	
City-St-Zip:	ARLINGTON, VA 22209	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJAN SETH MGR 01/07/2008

Electronic Signature of Signing Officer or Director Date