

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90059 002 ***150.00

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1. Entity Name
LAZY BAY LIMITED, INC.



Principal Place of Business
% T.C. ROBERGE, 1 BCH DR #220
ST PETERSBURG, FL 33701

Mailing Address
% T.C. ROBERGE, 1 BCH DR #220
ST PETERSBURG, FL 33701

44005699



01262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-0164224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERGE, THOMAS C CPA
1 BEACH DR SE #220
ST PETERSBURG, FL 33701

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCPT
MUELLER, CONSTANIN
% T.C. ROBERGE, 1 BCH DR #220
ST PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCVS
MUELLER, BETTINA
% T.C. ROBERGE, 1 BCH DR #220
ST PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

THOMAS ROBERGE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04
Date

727/822-9353
Daytime Phone #