

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90043 016 ***150.00

DOCUMENT # G35612

1. Entity Name
LASS ENTERPRISES, INC.



Principal Place of Business
**201 GRACE BLVD
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**201 GRACE BLVD
ALTAMONTE SPRINGS, FL 32714**

40058561



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2313218

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLOWER, BRUCE W., ESQ.
511 NORTH MAITLAND AVE.
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name **Alan D. Vander Boegh**

Street Address (P.O. Box Number is Not Acceptable)

201 Grace Blvd.

City **Altamonte Springs**

FL

Zip Code **32714**

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

Alan D. Vander Boegh

ALAN D. VANDER BOEGH, PRES

4-9-07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **VANDER BOEGH, ALAN D**
STREET ADDRESS **201 GRACE BLVD**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL00000,**

TITLE **D** ☐ Delete
NAME **VANDER BOEGH, LAWRENCE**
STREET ADDRESS **201 GRACE BLVD.**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL**

TITLE **D** ☒ Delete
NAME **FLOWER, BRUCE W.**
STREET ADDRESS **511 NORTH MAITLAND AVE.**
CITY-ST-ZIP **MAITLAND, FL**

TITLE **D** ☐ Delete
NAME **VANDER BOEGH, SUSAN**
STREET ADDRESS **201 GRACE BLVD.**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL**

TITLE **D** ☐ Delete
NAME **VANDER BOEGH, SHIRLEY**
STREET ADDRESS **201 GRACE BLVD.**
CITY-ST-ZIP **ALTAMONTE SPRGS, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Alan D. Vander Boegh

ALAN D. VANDER BOEGH

4-9-07 407-686-6334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #