2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J80497

1. Entity Name W.G. LASSITER PROPERTIES, INC.



FILED Apr 14, 2006 08:00 AM Secretary of State

Principal Place of Business

% W. G. LASSITER IR 505 S FLAGLER DR, S-1300 WEST PALM BEACH, FL 33401 Mailing Address

% W. G. LASSITER JR 505 S FLAGLER DR, S-1300 WEST PALM BEACH, FL 33401



02172006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2823691 Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LASSITER, W G JR. 505 S FLAGLER DR CHITE 1200

DO NOT WRITE

WEST PALM BEACH, FL 33401				IN THIS SPACE			
	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed attice or r	egistered agent, or b	oth, in the State of Florida. 1 am fami	liar with, and acce _t .	
SIGNATURE_	Stonature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	i Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000507894 04/27/06-80073-018	150.00	
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADORESS CITY-ST-ZIP	D LASSITER, W G JR. 505 S FLAGLER DR WEST PALM BEACH, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE		
TITLE	{	i	r e	IAI	TUIC CDACE		

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

HAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-655-7200