


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90039 039 \*\*\*\*61.25

<b>DOCUMENT # N01000004625</b>	
1. Entity Name RESIDENTS OF LAZY DAYS, INC.	

Principal Place of Business 2524 N TAMiami TRAIL NORTH FORT MYERS, FL 33917	Mailing Address 347 FUTURE DRIVE NORTH FORT MYERS, FL 33917
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40060586



2. Principal Place of Business - No P.O. Box # <u>2524 N TAMiami TRAIL</u>	3. Mailing Address <u>2524 N TAMiami TRAIL</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04042008 Chg-NP CR2E037 (12/06)

City & State <u>NORTH FORT MYERS FL</u>	City & State <u>NORTH FORT MYERS FL</u>
Zip <u>33903</u>	Zip <u>33903</u>
Country <u>Lee</u>	Country <u>Lee</u>

4. FEI Number 65-1127538	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  KERR, MARGARET 601 FRIENDLY PL NORTH FORT MYERS, FL 33917	
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7. Name and Address of New Registered Agent Name <u>DENNIS HEASLEY</u> Street Address (P.O. Box Number is Not Acceptable) <u>671 CORAL LN</u> City <u>NORTH FORT MYERS</u> FL Zip Code <u>33917</u>	
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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 Dennis Heasley, Treasurer Dennis Heasley 4-4-08  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HANNAPIUS, MICHAEL A 760 PLEASANT VIEW NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DENNIS HEASLEY 671 CORAL LN NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD SOMMERS, NANCY 867 MOONLIGHT DR NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GULTARIE, PHYLLIS 812 HOMEFOLKS NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KARR, MARGARET 601 FRIENDLY PLACE NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZUP FORD MARY 815 HOMEFOLKS NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DODGE, MARYANN C 952 DAYSLANE NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member at large YOUNG, JUDY 712 LEISURE LN NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VDP SPARR, KENNETH E 347 FUTURE DRIVE NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: Dennis Heasley DENNIS HEASLEY 4-4-08 739-656-0890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #