2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006566

FILED Jan 25, 2008 Secretary of State

Entity Name: LAZYDAYS PARTNERS FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6130 LAZYDAYS BOULEVARD SEFFNER, FL 33584

Current Mailing Address: New Mailing Address:

6130 LAZYDAYS BOULEVARD SEFFNER, FL 33584

FEI Number: 20-3032464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OEHLER, HAROLD D ESQ 6130 LAZYDAYS BOULEVARD % LAZY DAYS R.V. CENTER, INC. SEFFNER, FL 33584 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 PHILP, DANA
 Name:

 Address:
 6130 LAZYDAYS BOULEVARD
 Address:

 City-St-Zip:
 SEFFNER, FL 33584
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

Name: MAFFEI, RON Name: RATCLIFF, STEVE

Address: 6130 LAZYDAYS BOULEVARD
Other Strain SEEFNER FL 20004

City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

Title: SECR () Delete Title: SECR (X) Change () Addition

 Name:
 OEHLER, HAROLD
 Name:
 NEEPER, ANDREA

 Address:
 6130 LAZYDAYS BOULEVARD
 Address:
 6130 LAZYDAYS BOULEVARD

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City-St-Zip: SEFFNER, FL 33584
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City-St-Zip: SEFFNER, FL 33584
City-St-Zip: SEFFNER, FL 33584

Title: TREA () Delete Title: TREA (X) Change () Addition Name: STEPHENS, LINDA Name: HUSTON, CHRISTINE

Address: 6130 LAZYDAYS BOULEVARD Address: 6130 LAZYDAYS BOULEVARD

City-St-Zip: SEFFNER, FL 33584 City-St-Zip: SEFFNER, FL 33584

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA NEEPER SECR 01/25/2008