
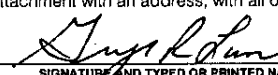


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90336 037 ***150.00

| | | | | | |
|---|--|---|---|---|------------------------------------|
| DOCUMENT # P00000032650 1. Entity Name GEORGE LASS, INC. | | | |  | |
| Principal Place of Business 17201 41ST ROAD NORTH LOXAHATCHEE, FL 33470 | | | Mailing Address 17201 41ST ROAD NORTH LOXAHATCHEE, FL 33470 | | |
| 2. Principal Place of Business 14155 85th Road North Suite, Apt. #, etc. | | 3. Mailing Address 14155 85th Road North Suite, Apt. #, etc. | | | |
| City & State Loxahatchee FL Zip 33470 Country Palm Beach | | City & State Loxahatchee FL Zip 33470 Country Palm Beach | | 4. FEI Number 65-0995482 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LASS, GEORGE R. 17201 41ST ROAD NORTH LOXAHATCHEE, FL 33470 | | | 7. Name and Address of New Registered Agent Name LASS, George R. Street Address (P.O. Box Number is Not Acceptable) 14155 85th Road North City Loxahatchee FL Zip Code 33470 | | |
| 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD LASS, GEORGE 196 WOODLAND DRIVE PALM SPRINGS, FL 33461 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD LASS, George 14155 85th Road North Loxahatchee FL 33470 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" 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 | |
| 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 | |
| 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 | |
| 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 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:  | | | George R. Lass | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 03-30-04 | | Daytime Phone # 561-7190191 |

14000014



03222004 Chg-P CR2E034 (10/03)