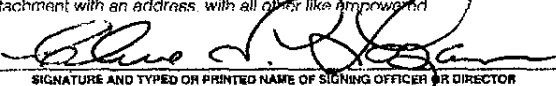


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Feb 03, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000069152 1. Entity Name LAZARUS ENTERPRISES, INC.			
Principal Place of Business 2431 10TH AVENUE S.E. NAPLES, FL 34117		Mailing Address 2431 10TH AVENUE S.E. NAPLES, FL 34117	
			
		01172005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-1028071		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			
LAZARUS, CLIVE G VP 2431 10TH AVENUE NAPLES, FL 34117			
9. 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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PSD	000000213942 02/03/05-80093-012 150.00	
NAME	LAZARUS, JOAN E PSD		
STREET ADDRESS	2431 10TH AVENUE S.E.		
CITY-ST-ZIP	NAPLES, FL 34117		
TITLE	VTD		
NAME	LAZARUS, CLIVE G VTD		
STREET ADDRESS	2431 10TH AVENUE S.E.		
CITY-ST-ZIP	NAPLES, FL 34117		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1/28/05 239-354-1614	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	