

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000081035

1. Entity Name
L.S.-RELAX, INC.



Principal Place of Business

% DON SCHIEFFER
878 109TH AVE NORTH #1
NAPLES, FL 34108

Mailing Address

% DON SCHIEFFER
878 109TH AVE NORTH #1
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1047239

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAULICH, JOHN III
801 ANCHOR RODE DR, SUITE 203
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANIG, KARL-HEINZ
STREET ADDRESS FISCHERGASSE 232, 8858 NEUBURG/ DONAIL
CITY - ST - ZIP GERMANY,

TITLE T
NAME SCHIEFER, DONALD I
STREET ADDRESS 878 109TH AVE N STE 1
CITY - ST - ZIP NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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01072004-800006-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD I. SCHIEFFER

1-20-04

279-597-1781

Date

Daytime Phone #