

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000081035

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

FILED  
Apr 24, 2005  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

% CRAIG T. HUPP, CPA, P.A.  
878 109TH AVENUE NORTH, SUITE #1  
NAPLES, FL 34108

## New Mailing Address:

% CRAIG T. HUPP, CPA, P.A.  
878 109TH AVENUE NORTH, SUITE #1  
NAPLES, FL 34108

FEI Number: 65-1047239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LANIG, KARL-HEINZ  
Address: FISCHERGASSE 232, 8858 NEUBURG/ DONAIL  
City-St-Zip: GERMANY,

Title: T ( ) Delete  
Name: SCHIEFER, DONALD I  
Address: 878 109TH AVE N STE 1  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HUPP, CRAIG T CPA  
Address: 878 109TH AVENUE NORTH, SUITE #1  
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG T. HUPP

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04/24/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date