

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000026928

1. Entity Name  
THE LAZY GECKO, INC.



FILED  
2006 JUL 12 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
203 DUVAL ST  
KEY WEST, FL 33040

Mailing Address  
203 DUVAL ST  
KEY WEST, FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06272006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
65-1082544

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUNTHER, JEFFREY C  
17074 KINGFISH LN W  
SUGARLOAF KEY, FL 33042

Name Scott, Peter D.

Street Address (P.O. Box Number is Not Acceptable)

203 Duval Street

City Key West

FL

Zip Code 33040

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 resigning)

DATE

6/27/06

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☒ Delete  
NAME GUNTHER, JEFFREY  
STREET ADDRESS 17074 KINGFISH LN W  
CITY-ST-ZIP SUGARLOAF KEY, FL 33042

TITLE DV ☒ Delete  
NAME GUNTHER, KERRY A  
STREET ADDRESS 17074 KINGFISH LN W  
CITY-ST-ZIP SUGARLOAF KEY, FL 33042

TITLE S/T ☐ Delete  
NAME SCOTT, PETER D  
STREET ADDRESS 1725 LAIRD STREET  
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 300077711623  
STREET ADDRESS 07/19/06--01009--020 \*\*\$61.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Change ☐ Addition  
NAME Scott, Pete D  
STREET ADDRESS 1725 Laird Street  
CITY-ST-ZIP Key West, FL 33040

TITLE S/T ☐ Change ☒ Addition  
NAME Sweeney, Elizabeth  
STREET ADDRESS 1725 Laird Street  
CITY-ST-ZIP Key West, FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

6/27/06

Date

Signature or Print Name