FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90008 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54007178

DOCUMENT # P01000052234

1. Entity Name
LASSITER-WARE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1317 W. CITIZENS BLVD. LEESBURG, FL 34749	PO BOX 490690 LEESBURG, FL 34749-0690

2. Principal Place of Business	3. Mailing Address
320 W. Oak Terrace Dr.	Same
Suite, Apt #, etc Suite 147	Suite, Apt #, etc
City & State Leesburg FL	City & State
Zip 34748 Country USA	Zip Country

01262004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3721496
☐ Applied For
☐ Not Applicable

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
OSTRANDER, TED R JR 1317 CITIZENS BLVD LEESBURG, FL 34748	Name: John R Piersall Street Address (P.O. Box Number is Not Acceptable) 320 W Oak Terrace Dr Suite 147 City: Leesburg FL Zip Code: 34748

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: _____ 2/9/04
(Name, typed or printed, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSTRANDER, TED R JR 9263 SILVER LAKE DR LEESBURG, FL 34788	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STOER, JOHN J JR 1089 PALM HARBOR DR LEESBURG, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAHNE, JOHN E 1019 PALM COVE DRIVE ORLANDO, FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PIERSALL, JOHN 8817 E SANDPIPER DRIVE INVERNESS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 2/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #