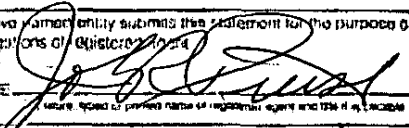
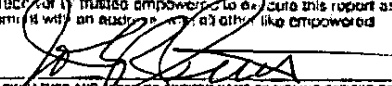


FILED
Feb 17, 2004 8:00 am
Secretary of State

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 1317 W. CITIZENS BLVD. LEESBURG, FL 34749		Mailing Address PO BOX 490690 LEESBURG, FL 34749-0690	
2. Principal Place of Business 320 W. Oak Terrace Dr Suite 147 Leesburg, FL 34748		3. Mailing Address Same	
4. FEI Number 59-3721496		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent OSTRANDER, TED R JR 1317 CITIZENS BLVD LEESBURG, FL 34748		7. Name and Address of New Registered Agent John R Piersall 320 W Oak Terrace Dr Suite 147 Leesburg, FL 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, the registered agent.			
SIGNATURE: 		DATE: 2/9/04	
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-STATE-ZIP	PD OSTRANDER, TED R JR 9263 SILVER LAKE DR LEESBURG, FL 34788 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SO STOER, JOHN J JR 1089 PALM HARBOR DR LEESBURG, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HAHNE, JOHN E 1019 PALM COVE DRIVE ORLANDO, FL 32835 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VO PIERSALL, JOHN 8817 E SANDPIPER DRIVE INVERNESS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 100% or 100% owned subsidiary, or a trusted employee, 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 or other like information.			
SIGNATURE: 		DATE: 2/9/04	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	