

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90010 004 ***158.75

DOCUMENT # P01000081436 1. Entity Name LAZY OAKS APARTMENTS, INC.					
Principal Place of Business 4108 & 4110 WEST BUSINESS HIGHWAY 98 PANAMA CITY, FL 32401				Mailing Address 4108 & 4110 WEST BUSINESS HIGHWAY 98 PANAMA CITY, FL 32401	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1848 BECK AVENUE		44001847	
City & State PANAMA CITY, FL		City & State PANAMA CITY, FL		4. FEI Number 26-0023905	
Zip BAY		Zip 32405		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				01062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FLETCHER, MARSHA 4108 & 4110 WEST BUSINESS HIGHWAY 98 PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME PRICE, ROBERTO STREET ADDRESS 4108 WEST HIGHWAY 98 CITY-ST-ZIP PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Robert Price</i>			1-12-04 850-794-0478		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		