2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047819

Entity Name: LNZ OF CITRUS COUNTY, INC

HALVERSON, JESSICA R

INVERNESS, FL 34452

9170 S TIMBERLANE TERR

Name:

Address:

City-St-Zip:

FILED Apr 05, 2006 Secretary of State

Littly Nai	ile. LINZ OF	STRUS COUNTT, INC					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	RANDINGIRON SS, FL 34453	N WAY					
Current Mailing Address:			New Mailing Address:				
	RANDINGIRON SS, FL 34453	N WAY					
FEI Number:	01-0673954	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1575 N. BF	ON, JESSICA RANDINGIRON SS, FL 34453						
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registere	d office or registered agent, or bo	th,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	nt		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () PATEL, BHADR 221 W LIBERT HERNANDO, FI	Y ST	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () PATEL, PRITI S 221 W LIBERT HERNANDO, FI	Y ST	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () HALVERSON, 3 9170 S TIMBER INVERNESS, F	RLANE TERR	Title: Name: Address: City-St-Zip:	1575 N.BR	(X) Change () Addition N, JASON A ANDINGIRON WAY S, FL 34453		
Title:	DT ()	Delete	Title:	DT	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JESSICA R. HALVERSON DT 04/05/2006

HALVERSON, JESSICA R

INVERNESS, FL 34453

1575 N.BRANDINGIRON WAY