

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048158

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: LAZY BEAR DISTRIBUTING, INC.

## Current Principal Place of Business:

215 LIVE OAKS BLVD  
CASSELBERRY, FL 32707

## New Principal Place of Business:

20 OLD POST RD  
LONGWOOD, FL 32779

## Current Mailing Address:

215 LIVE OAKS BLVD  
CASSELBERRY, FL 32707

## New Mailing Address:

20 OLD POST RD  
LONGWOOD, FL 32779

FEI Number: 04-3659998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BROWN, MARTHA L  
Address: 215 LIVE OAKS BLVD  
City-St-Zip: CASSELBERRY, FL 32707

Title: VSTD ( ) Delete  
Name: BROWN, J. ROBERT  
Address: 215 LIVE OAKS BLVD  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROWN, MARTHA L  
Address: 20 OLD POST RD  
City-St-Zip: LONGWOOD, FL 32779

Title: VSTD (X) Change ( ) Addition  
Name: BROWN, J. ROBERT  
Address: 20 OLD POST RD  
City-St-Zip: LONGWOOD, FL 32779

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

SIGNATURE: MARTHA L. BROWN

PD

04/08/2005

Electronic Signature of Signing Officer or Director

Date