
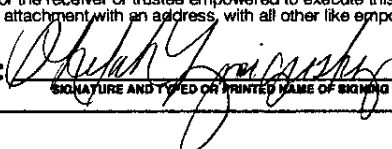


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90013 006 \*\*\*150.00

|   |  |  |
|---|--|--|
| <b>DOCUMENT # P02000048463</b>  |  |   |
| 1. Entity Name<br><b>LAZY DOUBLE S RANCH, INC.</b>  |  |  |
| Principal Place of Business<br><b>1825 DANBY DRIVE<br/>PLANO, TX 75093</b>  |  | Mailing Address<br><b>1825 DANBY DRIVE<br/>PLANO, TX 75093</b>   |
| 2. Principal Place of Business<br><b>3500 Fairmount St</b>  |  | 3. Mailing Address<br><b>3500 Fairmount St</b>   |
| Suite, Apt. #, etc.<br><b>404</b>   |  | Suite, Apt. #, etc.<br><b>404</b>  |
| City & State<br><b>DALLAS TX</b>  |  | City & State<br><b>DALLAS TX</b>   |
| Zip<br><b>75219</b>   | Country<br><b>USA</b>  | Country<br><b>USA</b>  |
| 4. Name and Address of Current Registered Agent<br><b>PITELL, LISA Y<br/>4 ELEVENTH AVENUE<br/>SUITE 1<br/>SHALIMAR, FL 32579</b>   |  | 5. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |
| 6. 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b>                                   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>ZMIGROSKY, SHELAH<br/>1825 DANBY DRIVE<br/>PLANO, TX 75093</b> <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D<br/>ZMIGROSKY, PAUL-M<br/>1825 DANBY DRIVE<br/>PLANO, TX 75093</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |
| 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. |  |  |
| <b>SIGNATURE:</b>    |  | <b>11/10/04</b> <b>214-459-4400</b><br>Date Daytime Phone #  |