

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074351

FILED
Jan 14, 2004
Secretary of State

Entity Name: LAZY BEAR MANAGEMENT, INC.

Current Principal Place of Business:

215 LIVE OAK BLVD
CASSELBERRY, FL 32704

New Principal Place of Business:

215 LIVE OAK BLVD
CASSELBERRY, FL 32707

Current Mailing Address:

215 LIVE OAK BLVD
CASSELBERRY, FL 32704

New Mailing Address:

215 LIVE OAK BLVD
CASSELBERRY, FL 32707

FEI Number: 02-0628456

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: D () Delete
Name: PRICE, JOHN A
Address: 215 LIVE OAK BLVD
City-St-Zip: CASSELBERRY, FL 32707

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

PSTD

01/14/2004

Electronic Signature of Signing Officer or Director

Date