


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90019 036 ***150.00

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| DOCUMENT # P03000035751 |  |
| 1. Entity Name LGZ ENTERPRISE, INC. | |

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| Principal Place of Business 509 MIRASOL CIRCLE SUITE 105 CELEBRATION, FL 34747 US | Mailing Address 509 MIRASOL CIRCLE SUITE 105 CELEBRATION, FL 34747 US |
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50006515



01102005 Chg-P CR2E034 (10/03)

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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 83-0351854 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent MOORE, JANET C 509 MIRASOL CIRCLE SUITE 105 CELEBRATION, FL 34747 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. MOORE, LARRY T <input type="checkbox"/> Delete 509 MIRASOL CIRCLE, SUITE 105 CELEBRATION, FL 34747 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ZIEMBA, RONALD S <input type="checkbox"/> Delete 921 CROTON RD CELEBRATION, FL 34747 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ZIEMBA, RONALD S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 Wisteria Lane Celebration FL 34747 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOORE, JANET C <input type="checkbox"/> Delete 509 MIRASOL CIRCLE, SUITE 105 CELEBRATION, FL 34747 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ZIEMBA, REBECCA L <input type="checkbox"/> Delete 921 CROTON RD CELEBRATION, FL 34747 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ZIEMBA, REBECCA L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 612 WISTERIA LANE Celebration FL 34747 |
| 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 |
| 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 |

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: Janet C. Moore Janet C. Moore 1-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #