

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000036957

1. Entity Name
MZ. A. LANEIOUS ENDEAVORS, INC.



Principal Place of Business
**6721 NORWOOD AVE
JACKSONVILLE, FL 32208**

Mailing Address
**639 LONG BRANCH BLVD.
JACKSONVILLE, FL 32206-6252**



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **30-0198384** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RASH-SAWYER, DONNA
639 LONG BRANCH BLVD
JACKSONVILLE, FL 32306-6252**

**DO NOT WRITE
IN THIS SPACE**

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

Donna Rash Sawyer

4/31/5

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000359355
05/04/05-80151-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **RASH-SAWYER, DONNA**
STREET ADDRESS **639 LONG BRANCH BLVD**
CITY - ST - ZIP **JACKSONVILLE, FL 322066252**

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IN THIS SPACE**

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

Donna Rash Sawyer

4/31/5

705 200 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #