



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90001 014 \*\*\*150.00

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<b>DOCUMENT # P03000045256</b> 1. Entity Name <b>LASSITER BENEFIT SERVICES, INC.</b>					
Principal Place of Business <b>5355 FIRST COAST HIGHWAY FERNANDINA BEACH, FL 32034</b>			Mailing Address <b>5355 FIRST COAST HIGHWAY FERNANDINA BEACH, FL 32034</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>			
City, State <i>Same</i>		City, State <i>Same</i>		4. FEI Number <b>581875690</b>	
Zip _____ Country _____		Zip _____ Country _____		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>IVAN, MICHAEL J JR; ESQ PURCELL, FLANAGAN &amp; HAY, P.A. 11548 LANCASTER TERRACE JACKSONVILLE, FL 32204</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>LASSITER, WILLIAM ROBERT JR. 5355 FIRST COAST HIGHWAY FERNANDINA BEACH, FL 32034 (Deceased)</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LASSITER, DORIS P 5355 FIRST COAST HIGHWAY FERNANDINA BEACH, FL 32034</b>		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	
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	
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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 information empowered.					
SIGNATURE: <i>Doris P. Lassiter</i> <b>7/27/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					