

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000082804

1. Entity Name
LAZE-E CORPORATION



Principal Place of Business
**1682 WEST HIBISCUS BOULEVARD
MELBOURNE, FL 32901**

Mailing Address
**1682 WEST HIBISCUS BOULEVARD
MELBOURNE, FL 32901**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **86-1077932** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EVANS, ARTHUR F III
1682 WEST HIBISCUS BOULEVARD
MELBOURNE, FL 32901**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **EVANS, ARTHUR F III**
STREET ADDRESS **1682 WEST HIBISCUS BOULEVARD**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **ST**
NAME **EVANS, LORIE A**
STREET ADDRESS **1682 WEST HIBISCUS BOULEVARD**
CITY-ST-ZIP **MELBOURNE, FL 32901**

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000000428153
02/21/06-80035-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-10-06

Date

321-953-3360

Daytime Phone #