

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087615

FILED
Jul 07, 2004
Secretary of State

Entity Name: LAZY BREEZE MHRVP, INC

Current Principal Place of Business:

38030 WILLINGHAM DR.
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 585
SEFFNER, FL 33583

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GESEMYER, ROBERT
6001 E. COLUMBUS DR.
TAMPA, FL 33583 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HESS, WILLIAM J
Address: P.O. BOX 585
City-St-Zip: SEFFNER, FL 33583

Title: V () Delete
Name: GESEMYER, ROBERT
Address: P.O. BOX 585
City-St-Zip: SEFFNER, FL 33583

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: WILLIAM HESS

P

07/07/2004

Electronic Signature of Signing Officer or Director

Date