

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90039 048 ***150.00

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1. Entity Name
LAZY-S RANCH, INC.



Principal Place of Business
**35722 TIMBERTOP LN
FRUITLAND PARK, FL 34731**

Mailing Address
**35722 TIMBERTOP LN
FRUITLAND PARK, FL 34731**

40011477



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1044166

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHEY, STEVEN J
601 S NINTH ST
LEESBURG, FL 34749-2460**

**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SUMMERS, BRYAN**
STREET ADDRESS **35722 TIMBERTOP LN**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **VST**
NAME **SUMMERS, JACQUELINE A**
STREET ADDRESS **35722 TIMBERTOP LANE**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

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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 an other like empowered.

SIGNATURE: Bryan K. Summers **BRYAN K. SUMMERS** **2-6-07** **516-5814**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #