

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90041 033 ***150.00

DOCUMENT # P04000064492

1. Entity Name
LIZARDS N FROGS INC.



Principal Place of Business
**13514 PERDIDO KEY DR
PENSACOLA, FL 32507**

Mailing Address
**13514 PERDIDO KEY DR
PENSACOLA, FL 32507**

40058492



2. Principal Place of Business - No P.O. Box #

5016 CHANDELLE DR

3. Mailing Address

5016 CHANDELLE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092007

Chg-P

CR2E034 (12/06)

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

20-1021163

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINNECKER, LIZ
13514 PERDIDO KEY DR
PENSACOLA, FL 32507**

Name

Street Address (P.O. Box Number is Not Acceptable)

5016 CHANDELLE DR

City

PENSACOLA

FL

Zip Code

32507

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

Liz Steinnecker

9 Apr 07

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
STEINNECKER, LIZ
13514 PERDIDO KEY DR
PENSACOLA, FL 32507** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Liz Steinnecker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Apr 07

Date

850-482-4569

Daytime Phone #