## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000050573

Entity Name: THE LOBSTER ZONE, INC.

FILED Mar 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14545 J MILITARY TRAIL - STE 167 1107 INDIAN BLUFF DRIVE DELRAY BEACH, FL 33184 APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

1107 INDIAN BLUFF DR 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703 US

FEI Number: 42-1607606 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PAPPAS, ERNIE

1107 INDIAN BLUFF DR

APOPKA, FL 32703 US

PAPPAS, ERNIE

1107 INDIAN BLUFF DRIVE

APOPKA, FL 32703 US

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: ERNIE PAPPAS 03/23/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: PAPPAS, ERNIE Name: PAPPAS, ERNIE
Address: 1107 INDIAN BLUFF DR Address: 1107 INDIAN BLUFF DRIVE

City-St-Zip: APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703

Title: DS ( ) Delete Title: DT (X) Change ( ) Addition Name: JOHNSON, DIANA C Name: JOHNSON, DIANA C

Name: JOHNSON, DIANA C
Address: 1107 INDIAN BLUFF DR
City-St-Zip: APOPKA, FL 32703
Name: JOHNSON, DIANA C
Address: 1107 INDIAN BLUFF DRIVE
City-St-Zip: APOPKA, FL 32703
APOPKA, FL 32703

Title: DT ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 MORRIS, KENNETH W
 Name:
 MORRIS, KENNETH W

 Address:
 1107 INDIAN BLUFF DR
 Address:
 1107 INDIAN BLUFF DRIVE

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ERNIE PAPPAS DP 03/23/2006