

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2007 8:00 am
Secretary of State

08-20-2007 90057 018 ***150.00

DOCUMENT # P05000050573					
1. Entity Name THE LOBSTER ZONE, INC.					
Principal Place of Business 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703 US			Mailing Address 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703 US		
2. Principal Place of Business - No P.O. Box # 535 COOPER COMMERCE DR		3. Mailing Address 535 COOPER COMMERCE DR			
Suite, Apt. #, etc. SUITE 340		Suite, Apt. #, etc. SUITE 340		08132007 Chg-P CR2E034 (12/06)	
City & State APOPKA FL		City & State APOPKA FL		4. FEI Number 42-1607606	
Zip 32703		Country USA		Applied For Not Applicable	
Zip 32703		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, ERNIE 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703			7. Name and Address of New Registered Agent		
Name ERNIE PAPPAS			Street Address (P.O. Box Number is Not Acceptable) 535 COOPER COMMERCE DR		
Suite, Apt. #, etc. SUITE 340			City APOPKA		
State FL			Zip Code 32703		
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 		ERNIE PAPPAS PRES.		8/14/07	
(NOTE: Registered Agent signature required when reinstating)		DATE		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAPPAS, ERNIE 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERNIE PAPPAS 535 COOPER COMMERCE DR SUITE 340 APOPKA FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNSON, DIANA C 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANA C JOHNSON 535 COOPER COMMERCE DR SUITE 340 APOPKA FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORRIS, KENNETH W 1107 INDIAN BLUFF DRIVE APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RONALD VOGT 535 COOPER COMMERCE DR SUITE 340 APOPKA FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:				ERNIE PAPPAS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	
8/14/07		407-592-2735		407-592-2735	