


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90353 046 \*\*\*150.00

**DOCUMENT # P05000155509**

1. Entity Name  
**LANCER CORP.**




Principal Place of Business      Mailing Address  
**550 OCEAN BLVD., APT. 8015**      **550 OCEAN BLVD., APT. 8015**  
**BOCA RATON, FL 33432**                      **BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**228 RICHMOND C**                                              **SAME**  
Suite, Apt. #, etc.                                              Suite, Apt. #, etc.

City & State                                              City & State  
**DEERFIELD BEACH**                                              **DEERFIELD BEACH, FL**

Zip      Country                                              Zip      Country  
**33442**                                              **33442**

40009000



04162008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-3949063**                                              Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LANCER, JOSEPH H**  
**550 OCEAN BLVD., APT. 8015**  
**BOCA RATON, FL 33432**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**228 RICHMOND C**  
City      State      Zip Code  
**DEERFIELD BEACH      FL      33442**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	<input type="checkbox"/> Delete
D	LANCER, JOSEPH H	550 OCEAN BLVD., APT. 8015	BOCA RATON, FL 33432	<input type="checkbox"/>
D	LANCER, SUZANNE	550 OCEAN BLVD., APT. 8015	BOCA RATON, FL 33432	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		228 RICHMOND C	DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		SEE ABOVE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:       4/18/08      5617037055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #