
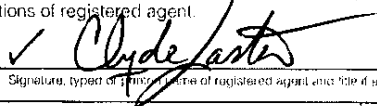


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2007 90094 050 ***150.00

DOCUMENT # P06000019754 1. Entity Name LASTER ENTERPRISES, INC.					
Principal Place of Business 2457 BARBAROSSA AVENUE DELTONA, FL 32738		Mailing Address 2457 BARBAROSSA AVENUE DELTONA, FL 32738			
2. Principal Place of Business - No P.O. Box # 1454 Montecito Ave Suite, Apt. #, etc.		3. Mailing Address 1454 Montecito Ave Suite, Apt. #, etc.			
City & State Deltona FL		City & State Deltona FL		4. FEI Number 83-0448419	
Zip 32738		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASTER, CLYDE B 2457 BARBAROSSA AVENUE DELTONA, FL 32738			7. Name and Address of New Registered Agent Name Clyde Laster Street Address (P.O. Box Number is Not Acceptable) 1454 Montecito Ave City Deltona FL Zip Code 32738		
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:  3-10-07 <small>Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent Signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LASTER, CLYDE B 2457 BARBAROSSA AVENUE DELTONA, FL 32738 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1454 Montecito Ave Deltona, FL 32738	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LASTER, AMBER L 2457 BARBAROSSA AVENUE DELTONA, FL 32738 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1454 Montecito Ave Deltona, FL 32738	
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	
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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:  **3-10-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #