


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90009 001 \*\*\*150.00

**DOCUMENT # P96000098983**

1. Entity Name  
**SIZ-DEVELOPMENT, INC.**



Principal Place of Business      Mailing Address

**2542 WILLIAMS BOULEVARD  
ATTN: LEGAL DEPARTMENT  
KENNER LA 70062**      **2542 WILLIAMS BOULEVARD  
ATTN: LEGAL DEPARTMENT  
KENNER LA 70062**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/05)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**72-1350133**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GART, DAVID A  
250 AUSTRALIAN AVENUE, SOUTH  
SUITE 500  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS		
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LASSEN, SIDNEY W	
STREET ADDRESS	2542 WILLIAMS BOULEVARD	
CITY-ST-ZIP	KENNER LA 70062	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	BRODIE, JAMES W.	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER LA	
TITLE		<input type="checkbox"/> Delete
NAME	CHERAMIE, GUY M	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER LA 70062	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MASILLA, THOMAS A	
STREET ADDRESS	2542 WILLIAMS BLVD	
CITY-ST-ZIP	KENNER LA 70062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cheremie, Guy M.	
STREET ADDRESS	2542 Williams. Blvd.	
CITY-ST-ZIP	Kenner, LA 70062	
TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Masilla, Thomas A.	
STREET ADDRESS	2542 Williams Blvd.	
CITY-ST-ZIP	Kenner, LA 70062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gay M. Cheremie      2/8/06      504-471-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #