


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000046662	
1. Entity Name LAZY HERON HOLDING COMPANY	

Principal Place of Business 11000 METRO PARKWAY SUITE 44 FORT MYERS, FL 33912 US	Mailing Address 11000 METRO PARKWAY SUITE 44 FORT MYERS, FL 33912 US
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03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3589896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAS, DAVID
1208 SW 50TH ST
CAPE CORAL, FL 33914

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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 Signet are required when resigning)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P MAS, DAVID 1208 S.W. 50TH STREET CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY ST ZIP	T WADE, MICHAEL J 1 DELWOOD ROAD CHESTER, NJ 07930
TITLE NAME STREET ADDRESS CITY ST ZIP	V WADE, PATRICIA 1 DELWOOD DR CHESTER, NJ 07930
TITLE NAME STREET ADDRESS CITY ST ZIP	S MAS, PATRICIA 1208 SW 50TH ST CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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03/19/04-80011-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David Mas David Mas PAS 3/16/04 239 9316550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #