2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# P98000046662

Entity Name: LAZY HERON HOLDING COMPANY

Current Principal Place of Business:

11000 METRO PARKWAY
SUITE 44
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

11000 METRO PARKWAY
SUITE 44
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 22-3589896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAS, DAVID
Address: 1208 S.W. 50TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: T ( ) Delete
Name: WADE, MICHAEL J
Address: 1 DELWOOD ROAD
City-St-Zip: CHESTER, NJ 07930

Title: V ( ) Delete
Name: WADE, PATRICIA
Address: 1 DELWOOD DR
City-St-Zip: CHESTER, NJ 07930

Title: S ( ) Delete
Name: MAS, PATRICIA
Address: 1208 SW 50TH ST
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MAS P 03/29/2005

Electronic Signature of Signing Officer or Director Date