


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000053368					
1. Entity Name LAZY C FEED & TACK SUPPLY, INC.					
Principal Place of Business 5865 SW 176TH AVE (HWY 40) DUNNELLON FL 34432			Mailing Address 5865 SW 176TH AVE (HWY 40) DUNNELLON FL 34432		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3524820	
				Applied For <input type="checkbox"/> Not Applied	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CANNON, HOMER W III 5865 SW 176TH AVE (HWY 90) DUNNELLON FL 34432			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 <i>Homer W Cannon III</i>			(NOTE: Registered Agent signature required when reinstating)		DATE 4-19-06
Signature, typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing \$5.00 May		
After May 1, 2006 Fee Will Be \$550.00			Trust Fund Contribution. <input type="checkbox"/> Added to Fee		
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	000000523316 <input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	CANNON, HOMER W III	NAME	05/03/06-80067-010 150.00		
STREET ADDRESS	5865 SW 176TH AVE (HWY 90)	STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	CANNON, KELLY J	NAME			
STREET ADDRESS	5865 SW 176TH AVE (HWY 90)	STREET ADDRESS			
CITY-ST-ZIP	DUNNELLON FL 34432	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 807, 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: *Homer W Cannon III* **Homer W Cannon III** **4-19-06** **352-489-92**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #