


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000085368</b> 1. Entity Name <b>WILLIAM E. LAZARONY DEVELOPMENT CORPORATION</b>	
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Principal Place of Business <b>306 HILLTOP AVE. N. CLEARWATER, FL 33755 US</b>	Mailing Address <b>306 HILLTOP AVE. N. CLEARWATER, FL 33755</b>
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08132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3537678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LAZARONY, WILLIAM E 306 HILLTOP AVE. N. CLEARWATER, FL 33755</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000773768 09/11/07-80006-001 550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LAZARONY, WILLIAM E 306 HILLTOP AVE. N. CLEARWATER, FL 33755</b>
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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:**  **30 Aug 07 727-492-8211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #