


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000051667</b> 1. Entity Name LIZZY CORPORATION, INC.	
---	---

Principal Place of Business 27881 NEW YORK ST. BONITA SPRINGS FL 34135	Mailing Address 27307 TENNESSEE ST. BONITA SPRINGS FL 34135
--	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0928784	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 FRANK, ANN T 2124 AIRPORT ROAD SOUTH NAPLES FL 34112
---

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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reconstituting)	DATE
--	---	------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>
---

10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP D MEYER, ELIZABETH 27307 TENNESSEE ST. BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
--

TITLE NAME STREET ADDRESS CITY - ST - ZIP P MEYER, SYVESTER A 27307 TENNESSEE ST. BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
---

TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete
---

TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete
---

TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete
---

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY - ST - ZIP U000000023986 02/02/04-80047-018 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: (Elizabeth K. Meyer) Elizabeth K. Meyer** 1-30-04 (239) 992-602