



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000053496			
1. Entity Name LAZAN & SPAGNOLA-HILLS, P.A.			
Principal Place of Business 1701 A1A SUITE 102 VERO BEACH, FL 32963	Mailing Address 1701 A1A SUITE 102 VERO BEACH, FL 32963		
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0931942	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 LAZAN, LISA E 1151 INDIAN MOUND TRAIL VERO BEACH, FL 32963		DO NOT WRITE IN THIS SPACE	
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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000269343 03/19/05-80006-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZAN, LISA E 1151 INDIAN MOUND TRAIL VERO BEACH, FL 32963		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILLS, MARY SPAGNOLA 146 NW CURRY ST PORT SAINT LUCIE, FL 34983		
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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: _____		LISA E LAZAN 3-16-05 772 231-8831 PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #