


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90026 008 ***150.00

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1. Entity Name
LAZAAAN INVESTMENTS, INC.



34040000

Principal Place of Business *270 Weymont ct* Mailing Address *207 Weymont ct*
994 LAKE DESTINY ROAD # 110 **994 LAKE DESTINY ROAD # 110**
SUITE 102 **SUITE 102**
ALTAMONTE SPRINGS, FL 32714 **ALTAMONTE SPRINGS, FL 32714**



DO NOT WRITE IN THIS SPACE

03112004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3608864** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORD II, ALBERT E ESQ
994 LAKE DESTINY ROAD
SUITE 102
ALTAMONTE SPRINGS, FL 32714

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARSON, MARK R <i>see above</i>
STREET ADDRESS	<i>994 LAKE DESTINY ROAD, STE 102</i>
CITY-ST-ZIP	<i>ALTAMONTE SPRINGS, FL 32714</i> <i>address</i>
TITLE	D
NAME	CARSON, LEE ANN <i>see above</i>
STREET ADDRESS	<i>994 LAKE DESTINY ROAD, STE 102</i>
CITY-ST-ZIP	<i>ALTAMONTE SPRINGS, FL 32714</i> <i>address</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE*	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **MARK R. CARSON** *4.6.04* *407-884-5304*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #