

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S66327		
1. Entity Name LASH DEVELOPMENT CORPORATION		

Principal Place of Business 4311 NW 17TH PLACE GAINESVILLE, FL 32605 US	Mailing Address 4311 NW 17TH PLACE GAINESVILLE, FL 32605 US
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02092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3075032	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LASH, SUSAN D. 4311 NW 17TH PLACE GAINESVILLE, FL 32605

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LASH, ROBERT A 4311 NW 17TH PLACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LASH, SUSAN D 4311 NW 17TH PLACE GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASH, SHAWN A 3200 NW 20TH STREET GAINESVILLE, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCELLA, THOMAS A 4115 NW 43 TER GAINESVILLE, FL 32606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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02/23/06-80039-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Susan Lash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-06 352-371-1327
Date Daytime Phone #