


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90116 032 \*\*\*150.00

**DOCUMENT # P00000079766**

1. Entity Name  
**LACKO ENTERPRISES INC.**



Principal Place of Business  
**357 6TH AVE. W.  
 BRADENTON, FL 34205**

Mailing Address  
**7455 MANATEE AVE W  
 BRADENTON, FL 34209**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



06302004 Chg-P CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**

**LACKO, ELIZABETH L  
 357 6TH AVE. W.  
 BRADENTON, FL 34205**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004.**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LACKO, ELIZABETH	
STREET ADDRESS	7455 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

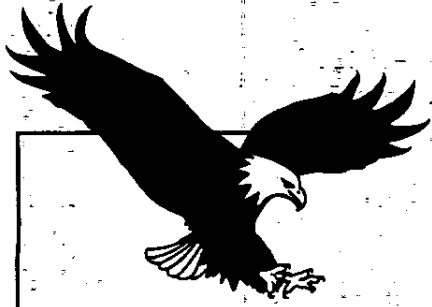
**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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: *Elizabeth Lacko* **X** 07-02-04

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



*Attachments*

*44047119*

## **American Accounting Service, Inc.**

Corporate Headquarters: 357 6th Avenue West • Bradenton, Florida 34205

Phone: (941) 747-9292 • Fax: (941) 748-7626

Ocala Office: 4611 No. Carl G. Rose Hwy., Suite A • Hernando, Florida 32642 • Phone: (904) 637-5440

July 1<sup>st</sup>, 2004

Division of Corporations  
PO Box 1500  
Tallahassee FL 32302-1500

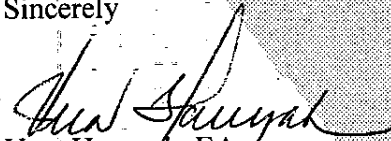
Lacko Enterprises Inc  
7455 Manatee Ave W  
Bradenton FL 34209  
Doc # P00000079766

Dear Sir or Madam:

Please accept the enclosed check for \$150.00 for this corporation's annual report. They never received the form.

Thank you for your consideration in this matter.

Sincerely

  
Vera Hornyak, EA.

Members of National Society of Accountants, National Society of Enrolled Agents

FSEA • FSPA