I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY LOFENDO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :			
Title	PRES	Title	VP
Name	LOFENDO, ANTHONY A	Name	LOFENDO, TRICIA
Address	5450 SHIRLEY STREET SUITE C	Address	5450 SHIRLEY STREET SUITE C
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	NAPLES FL 34109

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0400000502

Entity Name: LOFENDO'S GENERAL SERVICES, INC.

Current Principal Place of Business:

5450 SHIRLEY ST C NAPLES, FL 34109

Current Mailing Address:

5450 SHIRLEY ST C NAPLES, FL 34109 US

FEI Number: 35-2222127

Name and Address of Current Registered Agent:

LOFENDO, ANTHONY A 5450 SHIRLEY STREET SUITE C NAPLES, FL 34109 US

Date

Certificate of Status Desired: No