

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000000502

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOFENDO, ANTHONY A  
4660 1ST AVE NW  
NAPLES, FL 34119 US

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            LOFENDO, ANTHONY A  
Address        4660 1ST AVE NW  
City-State-Zip: NAPLES FL 34119

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

**PRESIDENT**

**04/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date