

**2017 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  
5420 BOXWOOD WAY  
NAPLES, FL 34117 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	Title	VP
Name	LOFENDO, ANTHONY A	Name	LOFENDO, TRICIA
Address	5420 BOXWOOD WAY	Address	5420 BOXWOOD WAY
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

*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

**OWNER**

**03/27/2017**

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

\_\_\_\_\_  
Date