

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90024 017 ***150.00

DOCUMENT # 485472

1. Entity Name

LOPEZ AND ASSOCIATES, INC.



Principal Place of Business

2723 ALBANY CT
MURFREESBORO TN 37129
US

Mailing Address

~~2723 ALBANY CT~~
~~MURFREESBORO TN 37129~~
~~US~~

44013484



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

16315 SAMBOURNE LANE

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

Zip

Country

Zip

Country

33647

USA

4. FEI Number

59-1623374

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIGER, STEPHEN L
1601 NORTH PALM AVE
STE 204B
PEMBROKE PINES FL 33026

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE STD ☐ Delete
NAME LOPEZ, JANIS G
STREET ADDRESS ~~2723 ALBANY CT~~
CITY-ST-ZIP ~~MURFREESBORO TN 37129~~

TITLE PD ☐ Delete
NAME LOPEZ, CARLOS R
STREET ADDRESS ~~2723 ALBANY CT~~
CITY-ST-ZIP ~~MURFREESBORO TN 37129~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 16315 SAMBOURNE LANE
CITY-ST-ZIP TAMPA FL 33647

TITLE ☒ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANIS G. LOPEZ

CELL PHONE (615) 260-7143

3-7-04 (813) 632-0013

Date

Daytime Phone #