


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90021 033 \*\*\*150.00

**DOCUMENT # 507618**  
 1. Entity Name  
**INVESTMENTS, ETC., INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 6534**                      **2421 24TH LANE**  
**LAKE WORTH, FL 33466**            **GREENACRES, FL 33463**

49003700



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                                  City & State  
 Zip      Country                                  Zip      Country

01082004      Chg-P      CR2E034 (10/03)

**6. Name and Address of Current Registered Agent**  
**PAGLIA LUNGO, JOHN**  
**2421 24TH LANE**  
**GREENACRES, FL 33463**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br><b>LATOWSKI, ALAN</b><br><b>1404 BLUE CLOVER LN</b><br><b>WEST PALM BEACH, FL 33415</b>          | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV</b><br><b>PAGLIA LUNGO, JOHN</b><br><b>2421 24TH LN.</b><br><b>LAKE WORTH, FL 33463</b>                 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRES</b><br><b>LATOWSKI, ALAN</b><br><b>8605 THOUSAND PINES CIRCLE</b><br><b>WEST PALM BEACH, FL 33411</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

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

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

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** *John Paglia Lungo*      **JOHN PAGLIA LUNGO**      *1-21-2004*      *561-433-3360*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment  
2405768



Division of Corporations

Annual Report

Page 1

Document Number  
507618

Business Entity Name  
INVESTMENTS, ETC., INC.

FEI Number 591679761  
FEI Number Status Applied For Not Applicable Current  
Certificate of Status Desired Yes No \$-8.75 each

Principal Place of Business

Address P.O. BOX 6534  
Suite, Apt. #, etc.  
City, State LAKE WORTH FL  
Zip Code & Country 33466

Mailing Address

Address 2421 24TH LANE  
Suite, Apt. #, etc.  
City, State GREENACRES FL  
Zip Code & Country 33463

Name And Address of Registered Agent

Name (Last, First, Middle, Title) PAGLIALUNGO JOHN

-or- RA Business Name

Address 2421 24TH LANE  
Suite, Apt. #, etc.  
City, State GREENACRES FL  
Zip Code & Country 33463

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature [Handwritten Signature]