

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 572802**

1. Entity Name  
**LEVITZ SHOPPING SERVICE, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -4 AM 9:34

Principal Place of Business  
**90 PRICE PARKWAY, STE. 1  
FARMINGDALE, NY 11735 US**

Mailing Address  
**90 PRICE PARKWAY, STE. 1  
FARMINGDALE, NY 11735 US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**23-2067933**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROSENBERG, ALAN 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HALPER, STEVE 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LANDECK, CARL 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WEBBER, ROBERT 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT COLREAVY, COLEEN 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, JAMES 10 NEW KING STREET, STE. 107 WHITE PLAINS, NY 10604	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Scott, President 300 Crossways Park Drive Woodbury, NY 11797	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Jay Carothers, CEO 300 Crossways Park Drive Woodbury, NY 11797	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700029940057</b> <b>03/05/04--01022--001 ***350.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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:** *Robert Webber* **Robert Webber,**  
Vice President, Asst. Secretary (516) 496-9560 ext.1743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/10/04** Daytime Phone #