

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90043 012 \*\*\*\*61.25

**DOCUMENT # 713233**

1. Entity Name

LOPEZ, INC.



Principal Place of Business

7177 58TH STREET-NORTH  
PINELLAS PARK FL 33781

Mailing Address

7177 58TH STREET-NORTH  
PINELLAS PARK FL 34665

04047703



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7155025

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAWSON, GARY J  
5238 48TH TERRACE NORTH  
SAINT PETERSBURG FL 33709

Name **WILLIAM F. TRUMP**

Street Address (P.O. Box Number is Not Acceptable)

5320 45th AVENUE NORTH

City **ST. PETERSBURG, FLORIDA FL** Zip Code **33709**

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

*William F. Trump*  
**WILLIAM F. TRUMP**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☒ Delete  
DAWSON, GARY J  
STREET ADDRESS 5238 48TH TERRACE NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33709

TITLE NAME ☒ Delete  
HEINL, RICHARD  
STREET ADDRESS 460 1/2 24TH STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL

TITLE NAME ☐ Delete  
DRURY, ALFRED L  
STREET ADDRESS 7403 46 AVE N  
CITY-ST-ZIP SAINT PETERSBURG FL

TITLE NAME ☐ Delete  
NICHOLS, JEFF  
STREET ADDRESS 11257 ELMHURST DRIVE  
CITY-ST-ZIP PINELLAS PARK FL

TITLE NAME ☐ Delete  
BRASSEUR, BRADFORD  
STREET ADDRESS 4721 34TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE NAME ☐ Delete  
BOPP, GEORGE J  
STREET ADDRESS 5555 15 AVE N  
CITY-ST-ZIP SAINT PETERSBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ Addition  
**PRESIDENT**  
**WILLIAM F. TRUMP**  
STREET ADDRESS 5320 45th AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG, FLORIDA 33709

TITLE NAME ☒ Change ☐ Addition  
MARION E. McCOMMIS  
STREET ADDRESS 4125 PARK STREET NORTH LOT 326  
CITY-ST-ZIP ST PETERSBURG, FLORIDA 33709

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ 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 617, 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:

*W. F. Trump*  
**WILLIAM F. TRUMP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-04

Date

Daytime Phone #