


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90031 022 ****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**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07072008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**CURLEY, GEORGE C
 13940 ANONA HTS. DR. #115
 LARGO, FL 33774**

7. Name and Address of New Registered Agent
 Name **Scavelli, Michael A.**
 Street Address (P.O. Box Number is Not Acceptable)
6861 59th ST. N.
 City **PINELLAS PARK FL** Zip Code **33781**

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 *Michael A Scavelli* **Michael A Scavelli** DATE **7/9/08**

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

**Filing Fee is \$61.25
 Due by September 12, 2008**

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	P	<input type="checkbox"/> Delete
NAME	CURLEY, GEORGE C	
STREET ADDRESS	13940 ANONA HTS. DR. #115	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCOMMIS, MARION E	
STREET ADDRESS	4125 PARK STREET N. LOT 326	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	T	<input type="checkbox"/> Delete
NAME	DRURY, ALFRED L	
STREET ADDRESS	7403 46 AVE N	
CITY-ST-ZIP	SAINT PETERSBURG, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOLS, JEFF	
STREET ADDRESS	11257 ELMHURST DRIVE	
CITY-ST-ZIP	PINELLAS PARK, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PUZIA, HENRY L	
STREET ADDRESS	5758 DARTMOUTH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUECHTMANN, BERNIE F	
STREET ADDRESS	8174 TERRACE GARDEN DR. UNIT 206	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAVELLI, MICHAEL A.	
STREET ADDRESS	6861 59 th ST. N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURLEY, GEORGE C	
STREET ADDRESS	13940 ANONA HTS. DR #115	
CITY-ST-ZIP	LARGO, FL 33774	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWSON, GARY J.	
STREET ADDRESS	5238 48 th TER N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, ALFRED L	
STREET ADDRESS	66108 WINDSOR RD	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARISKO, MICHAEL	
STREET ADDRESS	4320 81 st STREET N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gary J Dawson* **GARY J DAWSON** DATE **7/9/08** DAYTIME PHONE # **727-542-4851**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #