


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State


DOCUMENT # F07000001856

1. Entity Name
 LPC SECURITIES, INC.



Principal Place of Business % B&G ELECTRICAL CONTRACTORS OF NY, INC. 7100 NEW HORIZONS BLVD N. AMITYVILLE, NY 1170	Mailing Address % B&G ELECTRICAL CONTRACTORS OF NY, INC. 7100 NEW HORIZONS BLVD N. AMITYVILLE, NY 1170
---	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3181415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR STE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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


U00000798169
 01/30/08-80017-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPS PAPA, THOMAS % B&G ELECTRICAL CONTRACTORS OF NY, INC. N. AMITYVILLE, NY 1170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP GIORGIO, SR., JAMES T % B&G ELECTRICAL CONTRACTORS OF NY, INC. N. AMITYVILLE, NY 1170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIORGIO, SR., JAMES T % B&G ELECTRICAL CONTRACTORS OF NY, INC. N. AMITYVILLE, NY 1170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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:  **Thomas PAPA** 1/9/08 631 321 7600

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