

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F49296

1. Entity Name
EASY MODERN LIVING, INC.



Principal Place of Business
**1003 S FLORIDA AVE
INVERNESS, FL 32650-6862 US**

Mailing Address
**1003 S FLORIDA AVE
INVERNESS, FL 32650-6862 US**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2132264

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LOSCIALE, LAWRENCE
1005 SOUTH FLORIDA AVE
INVERNESS, FL 32650**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOSCIALE, LAWRENCE
STREET ADDRESS 5144 ATWOOD TERRACE
CITY-ST-ZIP INVERNESS, FL

TITLE VD
NAME LEONARD, LOSCIALE
STREET ADDRESS 6491 MOBILE ST.
CITY-ST-ZIP INVERNESS, FL 34452

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U00000282429
03/31/05-80043-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence Losciale
LAWRENCE LOSCIALE
352-637-1964
3/28/05