

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90033 045 ***150.00

DOCUMENT # F55340

1. Entity Name
LAPA DEVELOPMENTS, INC.



Principal Place of Business
9400-4TH ST W., STE 116
ST. PETERSBURG, FL 33702 US

Mailing Address
1013 DUNDAS ST W.
OAKVILLE ONT. CANADA L6J4Z2, CA



03072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0054835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAYLOR, THOMAS W
~~9400-4TH ST W., STE 116~~ *Box 202*
~~ST. PETERSBURG, FL 33702~~
PALM HARBOR, FL 34682

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

(NOTE: Registered Agent signature required when restate)

DATE

3/8/04

**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	PD
NAME	VASSALLO, LAURIE P
STREET ADDRESS	1013 DUNDAS STREET WEST
CITY-ST-ZIP	OAKVILLE, ONTARIO, CA.
TITLE	ST
NAME	VASSALLO, PATRICIA
STREET ADDRESS	1013 DUNDAS STREET WEST
CITY-ST-ZIP	OAKVILLE, ONTARIO, CA.
TITLE	D
NAME	VASSELLO, LAURENCE
STREET ADDRESS	1013 DUNDAS STREET WEST
CITY-ST-ZIP	OAKVILLE, ONTARIO, CA.
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 exemption stated in Section 119.07(3)(f), 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

10/03/04

Date

Daytime Phone #