## 2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F72401 1. Entity Name D.L. LANZON CONSTRUCTION CORPORATION Principal Place of Business 90 SE 3RD CT P.O. BOX 179 DEERFIELD BEACH, FL 33443-7179 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Jan 20, 2005 08:00 AM Secretary of State



71112005	MO CUG-P

CR2E034 (10/03)

4. FEI Number 59-2173778

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

EGNER, THEODORE K. 3067 E. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33308

## DO NOT WRITE IN THIS SPACE

			1				
8. The above the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its reg	istered office or i	egistered agent, or b	oth, in the State of Florida. I am far	niliar with, and acc	
SIGNATURE	Signature, typed or printed name of registered agent and little	f applicable. (NOTE, Reg	gistered Agent signatur	s required when reinstating)	DATE		
			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	TORS			1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANZON, DOUGLAS L. 1641 SE 6 ST DEERFIELD BEACH, FL		, ,. , , , , , , , , , , , , , , , , ,		tss & community		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANCELLA, LISA L 2900 NE 41ST STREET LIGHTHOUSE POINT, FL 33064		3,5,5,5		1100000197618 01/24/05-80021-015	150.00	
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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 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

Serie ary 01-12

954.421.1264 Daytime Phone #