

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90119 027 ***150.00

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1. Entity Name

LVI SERVICES OF NORTH CAROLINA INC.



Principal Place of Business

1416 SOUTH BOUNDARY STREET
SALISBURY NC 28144

Mailing Address

80 BROAD STREET
3RD FLOOR
NEW YORK NY 10004

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

11-3351193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME ARELLO, FRANK
STREET ADDRESS 462 44 AVE
CITY-ST-ZIP CLIFTON NJ 07011

TITLE ☐ Change ☒ Addition
NAME *Pennamara, Robert A.*
STREET ADDRESS *80 Broad Street - 3rd Floor*
CITY-ST-ZIP *New York, NY 10004*

TITLE DV ☐ Delete
NAME CUTRONE, PAUL S
STREET ADDRESS 80 BROAD STREET, 3RD FLOOR
CITY-ST-ZIP NEW YORK NY 10004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TS ☐ Delete
NAME ANNARUMMA, JOSEPH
STREET ADDRESS 80 BROAD STREET, 3RD FLOOR
CITY-ST-ZIP NEW YORK NY 10004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FRIED, BURTON T
STREET ADDRESS 80 BROAD STREET, 3RD FLOOR
CITY-ST-ZIP NEW YORK NY 10004

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME SKINNER, JOHN
STREET ADDRESS 4719 OAK FAIR BLVD
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME COON, THOMAS W
STREET ADDRESS 4719 OAK FAIR BLVD
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Change ☐ 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph M. Annarumma

4/9/08 212-951-3668