

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90062 019 \*\*\*150.00

**DOCUMENT # G79561**

1. Entity Name

LRG, INC.



Principal Place of Business

% LUCIANO PRIORE, JR.  
505 SWEETWATER CLUB CIR., SWEETWATER C  
LONGWOOD FL 32779

Mailing Address

% LUCIANO PRIORE, JR.  
505 SWEETWATER CLUB CIR., SWEETWATER C  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-2379711

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

PRIORE, LUCIANO, JR.  
505 SWEETWATER CLUB CIRCLE  
SWEETWATER CLUB  
LONGWOOD FL 32779-2130

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PD ☐ Delete  
NAME PRIORE, LUCIANO JR.  
STREET ADDRESS 505 SWEETWATER CLUB CIR.  
CITY-ST-ZIP LONGWOOD FL 32779-2130

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

TITLE SD ☐ Delete  
NAME PRIORE, ELIA MARIE  
STREET ADDRESS 505 SWEETWATER CLUB CIR.  
CITY-ST-ZIP LONGWOOD FL 32779-2130

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

TITLE TD ☐ Delete  
NAME PRIORE, LUCIANO-III  
STREET ADDRESS 2822 ROLLMAN ROAD  
CITY-ST-ZIP ORLANDO FL 32837

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

TITLE CD ☐ Delete  
NAME PRIORE, RAFFAELE  
STREET ADDRESS 153 PARKER FARM ROAD  
CITY-ST-ZIP WALLINGFORD CT 06492

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

TITLE MD ☐ Delete  
NAME PRIORE, GIOVANNI  
STREET ADDRESS 1850 KINGS HIGHWAY  
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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: Luciano Priore - Luciano PRIORE JR. - 27 JANUARY 2004 - 407-869-8934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #