

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90001 002 ***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 - 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

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 removing)

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	PD	<input type="checkbox"/> Delete
NAME	PRIORE, LUCIANO JR.	
STREET ADDRESS	505 SWEETWATER CLUB CIR.	
CITY- ST- ZIP	LONGWOOD FL 32779-2130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRIORE, ELIA MARIE	
STREET ADDRESS	505 SWEETWATER CLUB CIR.	
CITY- ST- ZIP	LONGWOOD FL 32779-2130	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRIORE, LUCIANO III	
STREET ADDRESS	1709 SANTA MARIA PLACE	
CITY- ST- ZIP	ORLANDO FL 32806	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PRIORE, RAFFAELE	
STREET ADDRESS	153 PARKER FARM ROAD	
CITY- ST- ZIP	WALLINGFORD CT 06492	
TITLE	MD	<input type="checkbox"/> Delete
NAME	PRIORE, GIOVANNI	
STREET ADDRESS	1850 KINGS HIGHWAY	
CITY- ST- ZIP	KISSIMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Luciano Priore Jr.* - **LUCIANO PRIORE JR. - 14 FEBRUARY 2008 - 407-869-8934**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #