2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90006 030 ***150.00

DOCUMENT # H38995

1. Entity Name
LENZ CONTRACTING CORP.

Principal Place of Business	Mailing Address
1198 S.E. MONORES AVE. PORT ST. LUCIE, FL 34952-5359	1198 S.E. MONORES AVE. PORT ST. LUCIE, FL 34952-5359

44049373

07202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2508587
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LENZ, RONALD L.
1198 S.E. MONORES AVE.
PORT ST. LUCIE, FL 34852-5359

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LENZ, RONALD L
STREET ADDRESS	1198 S.E. MENORES AVE.
CITY-ST-ZIP	PORT ST. LUCIE, FL 349525359
TITLE	DS
NAME	LENZ, CHRISTINE
STREET ADDRESS	1198 SE MENDORES AVE
CITY-ST-ZIP	PORT ST LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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: Christine Lenz 7-20-04 772-398 1225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
440493 73

LENZ CONTRACTING CORP.
1198 S.E. Menores Avenue
Port St. Lucie, Florida 34952
Phone: (772) 398-1225
Fax: (772) 335-9289

July 20, 2004

Florida Department of State
Division of Corporations
Secretary of State
Glenda E. Hood
409 East Gaines Street
Tallahassee, Florida 32399

Ref: H38995 2004 Annual Report
Lenz Contracting Corp.

To Whom It May Concern:

Please find enclosed a check in the amount of $150.00 for the 2004 Annual Report on Divisions of Corporations.

I spoke with a gentleman in your office today by the name of Tyrone Scott and explained that we never received the annual report packet, just the postcard notice of intent to dissolve.

Please waive the late fee's of $400.00 on this corporation. Your consideration to this matter would be greatly appreciated.

Best Regards,

Christine Lenz
Lenz Contracting Corp. H38995