

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90294 001 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # H69602**

1. Entity Name  
L.O.M.S., INC.



**Principal Place of Business**

C/O ALEX A. DOW  
2780 E. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306 US

**Mailing Address**

C/O ALEX A. DOW  
2780 EAST OAKLAND PARK BLVD.  
FRT LAUDERDALE, FL 33306 US



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2683907

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GUNDLACH, WILLIAM  
2780 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306

**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

*William Gundlach*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-20-04

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME GUNDLACH, WILLIAM  
STREET ADDRESS 2626E. OAKLAND PK. BLVD  
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE PD  
NAME DOW, ALEX A  
STREET ADDRESS 2780 E OAKLAND PARK BLVD.  
CITY-ST-ZIP FORT LAUDERDALE, FL

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:

*William Gundlach, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-04

DATE

Daytime Phone #

WILLIAM GUNDLACH.