

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H69927

1. Entity Name
V.E. POWER DOOR II CORP.



Principal Place of Business

3516 E. NORVELL BRYANT HWY.
POST OFFICE BOX 1420
HERNANDO, FL 34442

Mailing Address

PO BOX 663
COMMACK, NY 11725

FILED
Jul 12, 2004 08:00 AM
Secretary of State



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-2751014

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN GREENE CORPORATION
3516 NORVELL BRYANT HIGHWAY
HERNANDO, FL 34442

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	LANZARONE, ED
STREET ADDRESS	140 EMJAY BLVD.
CITY-ST-ZIP	BRENTWOOD, NY
TITLE	V
NAME	LANZARONE, S
STREET ADDRESS	140 EMJAY BLVD
CITY-ST-ZIP	BRENTWOOD, NY
TITLE	P
NAME	LANZARONE, ROBERT
STREET ADDRESS	140 EMJAY BLVD.
CITY-ST-ZIP	BRENTWOOD, NY
TITLE	D
NAME	LANZARONE, THOMAS
STREET ADDRESS	140 EMJAY BLVD.
CITY-ST-ZIP	BRENTWOOD, NY
TITLE	D
NAME	LANZARONE, JAMES
STREET ADDRESS	140 EMJAY BLVD.
CITY-ST-ZIP	BRENTWOOD, NY
TITLE	D
NAME	LANZARONE, GARY
STREET ADDRESS	140 EMJAY BLVD.
CITY-ST-ZIP	BRENTWOOD, NY

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07/12/04-80024-013 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/04

Date

(631) 231-4500
Daytime Phone #