


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H69927</b> 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
--	--

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

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	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--

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

U000000177665  
01/11/05-80056-017 150.00

**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)(f), 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:**  **EDWARD J. LANZARONE** 1/7/05 (631) 231-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #