

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000010050

1. Entity Name
DAVID LASANEN DISTRIBUTING, INC.



Principal Place of Business
6706 OAK HILL
NORTH LAUDERDALE, FL 33068

Mailing Address
6706 OAK HILL
NORTH LAUDERDALE, FL 33068



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0982139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LASANEN, DAVID
6707 OAK HILL
NORTH LAUDERDALE, FL 33068

**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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000331705
04/26/05-80024-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LASANEN, DAVID
STREET ADDRESS 6707 OAK HILL
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE D
NAME LASANEN, MONICA
STREET ADDRESS 6707 OAK HILL
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Monica R. Lasanen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONICA R. LASANEN

04-22-2005

Date

800-232-8189
954-968-6525

Daytime Phone #