

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90104 028 ***158.75

DOCUMENT # P00000016099

1. Entity Name
LA CRUZ MANAGEMENT, CORP.



Principal Place of Business

906 EDGEHILL DRIVE
APT 3F
PALM HARBOR, FL 34684

Mailing Address

906 EDGEHILL DRIVE
APT 3F
PALM HARBOR, FL 34684

2. Principal Place of Business

906 Edgehill Drive
Suite, Apt. #, etc.

3. Mailing Address

906 Edgehill Drive
Suite, Apt. #, etc.



01202004 Chg-P CR2E034 (10/03)

City & State

Palm Harbor FL

City & State

Palm Harbor FL

4. FEI Number

59-3690992

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

Zip

Country

34684

Pinalas

Zip

Country

34684

Pinalas

6. Name and Address of Current Registered Agent

LEWIS, ELIZABETH I
906 EDGEHILL DR
APT 3F
PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name
Elizabeth I. Lewis
Street Address (P.O. Box Number is Not Acceptable)
906 Edgehill Drive
City Palm Harbor FL Zip Code 34684

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, 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 | PTS | <input type="checkbox"/> Delete |
| NAME | LEWIS, ELIZABETH | |
| STREET ADDRESS | 906 EDGEHILL DR | |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | ENGELMAN, ELIZABETH | |
| STREET ADDRESS | 843 EDGEHILL DRIVE | |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LEWIS, JAY | |
| STREET ADDRESS | 906 EDGEHILL DR | |
| CITY-ST-ZIP | PALM HARBOR, FL 34684 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

Elizabeth I Lewis

Date

Daytime Phone #

1/20/04 (27) 781-2978