

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000083553

Entity Name: LESCAT, INC.

FILED
May 25, 2004
Secretary of State

Current Principal Place of Business:

RAVEN PIZZA
1815 S TAMiami TRAIL
VENICE, FL 34293 US

New Principal Place of Business:

SIGNATURE PIZZA
1815 TAMiami TRAIL S
VENICE, FL 34293 US

Current Mailing Address:

4067 HONOLULU DR
SARASOTA, FL 34241 US

New Mailing Address:

4067 HONOLULU DRIVE
SARASOTA, FL 34241 US

FEI Number: 65-1037962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, CAROL
4067 HONOLULU DR
SARASOTA, FL 34241

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPAS () Delete
Name: TAYLOR, LESTER J
Address: 4067 HONOLULU DRIVE
City-St-Zip: SARASOTA, FL 342315602

Title: DVS () Delete
Name: TAYLOR, CAROL
Address: 4067 HONOLULU DRIVE
City-St-Zip: SARASOTA, FL 342315602

Title: T () Delete
Name: TAYLOR, LESTER J
Address: 4067 HONOLULU DRIVE
City-St-Zip: SARASOTA, FL 342315602

Title: AT () Delete
Name: TAYLOR, CAROL
Address: 4067 HONOLULU DRIVE
City-St-Zip: SARASOTA, FL 342315602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL TAYLOR

DVS

05/25/2004

Electronic Signature of Signing Officer or Director

Date