


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90001 013 ***150.00

DOCUMENT # P01000011593		
1. Entity Name LNS PET FOOD SERVICES, INC.		
Principal Place of Business 2075 PREMIER ROW 11321 <i>Satellite Blvd</i> ORLANDO, FL 32809 32837	Mailing Address 2075 PREMIER ROW 11321 <i>Satellite Blvd</i> ORLANDO, FL 32809 32837	



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04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3692483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIETSCHMAN, RICHARD L JR
~~3046 MARTIN ST.~~ 6407 *Beret Drive*
 ORLANDO, FL 32809

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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 _____

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	PS
NAME	LOURENCO, MANNY C
STREET ADDRESS	1728 LAGOON CT
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	VPT
NAME	LOUVENCO, SANDY
STREET ADDRESS	1728 LAGOON CT
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *M. C. Lourenco* 4-15-04 407-438-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #