


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	



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3692483

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
LOURENCO, MANNY C
1728 LAGOON CT
LAKELAND, FL 33803

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: *dr. c. Lourenco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04

Date

Daytime Phone #

407-438-2525