

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90057 019 ***150.00

DOCUMENT # P02000015251

1. Entity Name

LAPOSH, INC.



Principal Place of Business

2566D MCMULLEN BOOTH ROAD
CLEARWATER FL 33761

Mailing Address

2566D MCMULLEN BOOTH ROAD
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0605062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRESSEL, JULIE D
5417 FLORA AVE.
34690
TARPON SPRINGS FL 34689

Name Dressel, Julie D.
Street Address (P.O. Box Number is Not Acceptable)
198 St. Ives Dr
City Palm Harbor FL 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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DRESSEL, ANDREW M	
STREET ADDRESS	2232 RICHTER ST., UNIT B	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRESSEL, JULIE D	
STREET ADDRESS	5417 FLORIDA AVE	
CITY-ST-ZIP	HOLIDAY FL 34690	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3791 Sweepstakes Ct. #2001	
STREET ADDRESS	Palm Harbor, FL. 34684	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	198 St. Ives Dr	
STREET ADDRESS	Palm Harbor, FL. 34684	
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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/05 (424) 466-1600