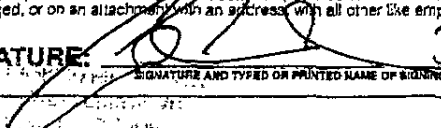


FILED

May 03, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000063167		
1. Entity Name LACENA, INC.		
Principal Place of Business 1065 LARKIN ROAD SPRING HILL, FL 34608		Mailing Address 27 E. ORANGE ST. TARPON SPRINGS, FL 34689
DO NOT WRITE IN THIS SPACE		
04302004 No Chg-P CR2E034 (10/03)		
4. FEI Number 35-2171016		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KLIMIS, GEORGE N 27 E. ORANGE ST. TARPON SPRINGS, FL 34689		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 renouncing 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	D	
NAME	COSTANZO, JOE	
STREET ADDRESS	1065 LARKIN ROAD	
CITY - ST - ZIP	SPRING HILL, FL 34608	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
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)(f), Florida Statutes. I further certify that the information indicated on this report or supplement 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: 		4-27-04 352-592-0828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone