


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90094 001 ***150.00
09-20-2004 90094 002 *****8.75

DOCUMENT # P03000028967	
1. Entity Name L' AMICALE EXPRESS ENTERPRISES, INC	

Principal Place of Business 6861 WEST COLONIAL DRIVE ORLANDO, FL 32818	Mailing Address 6861 WEST COLONIAL DRIVE ORLANDO, FL 32818
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66433901



2. Principal Place of Business 1261 N PINE HILLS RD	3. Mailing Address 1261 N. PINE HILLS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09142004 Chg-P CR2E034 (10/03)

City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32808	Zip 32808
Country U.S.A	Country U.S.A

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEIDE, FRITZ J 6861 WEST COLONIAL DRIVE ORLANDO, FL 32818	
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7. Name and Address of New Registered Agent	
Name SEIDE, FRITZ J.	
Street Address (P.O. Box Number is Not Acceptable) 2829 RIVER RIDGE DR	
City ORLANDO	FL Zip Code 32825

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
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDE, FRITZ J 2829 RIVER RIDGE DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEIDE, JUDITH 8229 RIVER RIDGE DRIVE ORLANDO, FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  FRITZ SEIDE	Date 9/15/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

321-662-4347



Division of Corporations

66433901

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Business Entity Name

L'AMICALE EXPRESS ENTERPRISES, INC

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

FEI Number Status

☐ Applied For ☒ Not Applicable ☐ CurrentCertificate of Status Desired ☒ Yes ☐ No

Principal Place of Business

Address

1261 N PINE HILLS RD

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code & Country

32808

Mailing Address

Address

1261 N PINE HILLS RD

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code & Country

32808

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

SEIDE

FRITZ

J

-or- RA Business Name

Address

2829 RIVER RIDGE DRIVE

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code & Country

32825

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a

Attachment

PD 3000028967

business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

[Handwritten Signature]

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