


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 005 ***150.00

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|--|--|---|
| DOCUMENT # P03000056899 | |  |
| 1. Entity Name LCS OF FLAGLER, CORP | | |

| | |
|---|---|
| Principal Place of Business 3164 N OCEAN SHORE BLVD FLAGLER BEACH, FL 32136 | Mailing Address 3164 N OCEAN SHORE BLVD FLAGLER BEACH, FL 32136 |
|---|---|

44048946

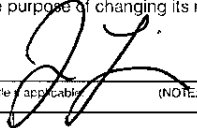
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



07012004 Chg-P CR2E034 (10/03)

| | | | |
|--|--|---|--|
| 4. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 5. FFL Number 65-11867-14 | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent LOGUIDICE, JOE 1515 RIDWOOD AVENUE HOLLY HILL, FL 32117 | | 7. Name and Address of New Registered Agent Name Loguidice JOE Street Address (P.O. Box Number is Not Acceptable) 1515 Ridge Wood Ave Ste A City Holly Hill FL 32117 | |

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: **6/20/04**

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

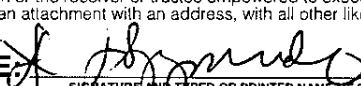
9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LYDIA, SPAGNUOLO 3164 N OCEAN SHORE BLVD FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CESARE, SPAGNUOLO 3164 N OCEAN SHORE BLVD FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date _____ Daytime Phone # _____