


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90242 012 ***150.00

DOCUMENT # P03000096377 1. Entity Name LOMONICO CONTRACTING INC					
Principal Place of Business 2301 US 27 SOUTH SEBRING, FL 33870			Mailing Address 100 NW 73RD AVE. PEMBROKE PINES, FL 33024		
2. Principal Place of Business 2301 US 27 S. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2301 US. 27 S <small>Suite, Apt. #, etc.</small>			
City & State Sebring FL		City & State Sebring, FL		4. FEI Number 20-0150896	
Zip 33870		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEARIN, DEBORAH J 100 NW 73RD AVE PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name Deborah J Hearin Street Address (P.O. Box Number is Not Acceptable) 1712 Sentinel Pt Rd City Sebring FL 33875		
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 <u><i>Deborah J Hearin</i></u> DATE <u>4/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SPINELLI, JULIA 7420 NW 1ST COURT PEMBROKE PINES, FL 33024	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary/ Treasurer Deborah J. Hearin 1712 Sentinel Pt Rd Sebring, FL 33875
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO LOMONICO, ANTHONY V 100 NW 73RD AVE PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<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: <u><i>Deborah J Hearin Secretary</i></u> <u>4/7/04</u> <u>803 385 8133</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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