
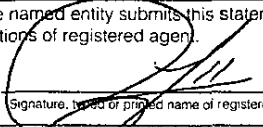


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90733 041 ***150.00

| | | | |
|--|---|---|----------------------|
| DOCUMENT # P03000110820 | |  | |
| 1. Entity Name ROBERT LANCIERI INCORPORATED | | | |
| Principal Place of Business 1862 SW SUCCESS ST. PORT SAINT LUCIE FL 34953 | | Mailing Address 1862 SW SUCCESS ST. PORT SAINT LUCIE FL 34953 | |
| 2. Principal Place of Business Same as above | | 3. Mailing Address Same as above | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 34953 | Country ST. Lucie | Zip 34953 | Country ST. Lucie |
| 6. Name and Address of Current Registered Agent LANCIERI, ROBERT M 1862 SW SUCCESS ST. PORT SAINT LUCIE, FL 34953 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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  | | DATE 4/15/2004 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | 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 <input type="checkbox"/> Delete | P LANCIERI, ROBERT M 1862 SW SUCCESS ST. PORT SAINT LUCIE FL 34953 | 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

Robert M. Lancieri

4/15/04

Date

772-878-2298

Daytime Phone #