

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000114916

1. Entity Name
LENZI'S DINER, INC.



Principal Place of Business
2 W HARBOR DR
VERO BCH, FL 32960

Mailing Address
2 W HARBOR DR
VERO BCH, FL 32960



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2128478

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOSCANO, LARRY
2 W HARBOR DR
VERO BCH, FL 32960

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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 resigning)

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

U000000144990
05/03/04-80005-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LENZI, LEON
STREET ADDRESS 8 W HARBOR DR
CITY-ST-ZIP VERO BCH, FL 32960

TITLE SD
NAME TOSCANO, LARRY
STREET ADDRESS 2 W HARBOR DR
CITY-ST-ZIP VERO BCH, FL 32960

TITLE TD
NAME BILIK, EDWARD J
STREET ADDRESS 21963 PINE LAKE CIR
CITY-ST-ZIP KILDARE, IL 66047

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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: *Larry Toscano* LARRY TOSCANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #