

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137998

Entity Name: LOUIS LOPINTO, INC.

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

5215 BONE LANE
BROOKSVILLE, FL 34609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5091
HUDSON, FL 346745091

New Mailing Address:

FEI Number: 20-0421829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USACCOUNTING OFFICE, INC.
417 W. JEFFERSON STREET
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPINTO, LOUIS V
Address: P.O. BOX 5091
City-St-Zip: HUDSON, FL 346745091

Title: V () Delete
Name: LOPINTO, LOUIS V
Address: P.O. BOX 5091
City-St-Zip: HUDSON, FL 346745091

Title: S () Delete
Name: LOPINTO, LOUIS V
Address: P.O. BOX 5091
City-St-Zip: HUDSON, FL 346745091

Title: T () Delete
Name: LOPINTO, LOUIS V
Address: P.O. BOX 5091
City-St-Zip: HUDSON, FL 346745091

Title: D () Delete
Name: LOPINTO, LOUIS V
Address: P.O. BOX 5091
City-St-Zip: HUDSON, FL 346745091

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS LOPINTO

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date