

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90006 009 ***150.00

DOCUMENT # P03000154615

1. Entity Name
LASTING WOODS, INC.



Principal Place of Business
**8450 LAGOS DE CAMPO #109
TAMARAC, FL 33321**

Mailing Address
**8450 LAGOS DE CAMPO #109
TAMARAC, FL 33321**

54067092



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07302004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

70-0555276

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZOLLA, FLAVIO A
8450 LAGOS DE CAMPO #109
TAMARAC, FL 33321**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **ZOLLA, FLAVIO A**
STREET ADDRESS **8450 LAGOS DE CAMPO #109**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

Attachment
54067092

Lasting Woods, Inc.
8450 Lagos De Campo #109
Tamarac, FL 33321

July 30, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

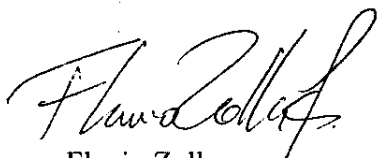
Re: P03000154615

Dear Officer:

Please be advised that we did not received the renewal notice for 2004. We are now submitting the UBR 2004, along with a check for \$150 due in order to renew the corporation for this year. We are now updating the our new address. Please waive all the penalties due to the fact that we did not receive the renewal notice, and update your files accordingly.

Please contact us if you need any additional information.

Sincerely,



Flavio Zolla,
President