

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000502

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** LOFENDO'S GENERAL SERVICES, INC.

**Current Principal Place of Business:**

4660 1ST AVE NW  
NAPLES, FL 34119 US

**New Principal Place of Business:**

5550 SHIRLEY ST  
NAPLES, FL 34109 US

**Current Mailing Address:**

4660 1ST AVE NW  
NAPLES, FL 34119 US

**New Mailing Address:**

5550 SHIRLEY ST  
NAPLES, FL 34109 US

**FEI Number:** 35-2222127

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LOFENDO, ANTHONY A  
4660 1ST AVE NW  
NAPLES, FL 34119 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: PRES  
Name: LOFENDO, ANTHONY A  
Address: 4660 1ST AVE NW  
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: ANTHONY A. LOFENDO

PRES

04/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date