

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000007917

Entity Name: LAGOSH ENTERPRISES, INC.

FILED
Jan 30, 2005
Secretary of State

Current Principal Place of Business:

819 FOURTEENTH AVE S
JACKSONVILLE BCH, FL 32250

New Principal Place of Business:

819 FOURTEENTH AVE S
JACKSONVILLE BCH, FL 32250 US

Current Mailing Address:

819 FOURTEENTH AVE S
JACKSONVILLE BCH, FL 32250

New Mailing Address:

819 FOURTEENTH AVE S
JACKSONVILLE BCH, FL 32250 US

FEI Number: 20-0599316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGOSH, LAURENCE
819 FOURTEENTH AVE S
JACKSONVILLE BCH, FL 32250 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: LAGOSH, LAURENCE
Address: 819 FOURTEENTH AVE S
City-St-Zip: JACKSONVILLE BCH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAGOSH, LAURENCE
Address: 819 FOURTEENTH AVE S
City-St-Zip: JACKSONVILLE BCH, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURENCE LAGOSH

P

01/30/2005

Electronic Signature of Signing Officer or Director

Date