

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90002 009 ***550.00

DOCUMENT # P04000021954

1. Entity Name
1455 LANDS END ROAD CORP.



Principal Place of Business
**300 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460**

Mailing Address
**300 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460**

50060992



2. Principal Place of Business

3. Mailing Address

Brookwood Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262005

Chg-P

CR2E034 (10/03)

City & State

City & State

Coram New York

4. FEI Number

200930249

Applied For

Not Applicable

Zip

Country

Zip

Country

11727 Suffolk

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

**SORGINI, ROBERT C ESQ.
300 NORTH FEDERAL HIGHWAY
LAKE WORTH, FL 33460**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D FARRELL, JOSEPH G JR
2385 MAIN STREET, THE ATRIUM
BRIDGEHAMPTON, NY 11932** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President Harvey Auerbach
June Road
Bridgehampton NY 11937** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 an officer like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 8/8/05 X 631) 6982700