

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000021954

1. Entity Name
1455 LANDS END ROAD CORP.



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

Mailing Address
BROOKWOOD DRIVE
CORAM, NY 11727



08292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0930249

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000575872
09/01/06-80004-014 550.00

10. OFFICERS AND DIRECTORS

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

TITLE P
NAME AUERBACH, HARVEY
STREET ADDRESS DUANE ROAD
CITY-ST-ZIP BRIDGEHAMPTON, FL 11937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

8/29/06