## ~2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 24, 2005 8:00 am Secretary of State DOCUMENT # P04000140787 03-24-2005 90036 004 \*\*\*150.00 1. Entity Name FRANK J. LANZILOTTA, INC. Principal Place of Business Mailing Address 2109 6TH AV., SW 2109 6TH AV., SW VERO BEACH, FL 32962 US VERO BEACH, FL 32962 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 CR2E034 (10/03) City & State 4. FEI Number 20-2460175 City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANZILOTTA, FRANK J III Street Address (P.O. Box Number is Not Acceptable) 2109 6TH AV., SW VERO BEACH, FL 32962 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ☐ Addition TITLE LANZILOTTA, FRANK J III NAME NAME STREET ADDRESS 2109 6TH AV., SW STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CHY-ST-7IP ☐ Change Delete TIFLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ·- \_\_\_ Addition ☐ Change ☐ Delete TITLE

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.

NAME

STREET ADDRESS

NAMF:

STREET ADDRESS