

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90223 015 ***150.00

DOCUMENT # P05000119036

1. Entity Name
LAPINSKY SERVICES, INC.



Principal Place of Business
4524 REDWING CT.
MIDDLEBURG, FL 32068 US

Mailing Address
4524 REDWING CT.
MIDDLEBURG, FL 32068 US

50016412



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3375665

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAPINSKY, MARJORIE F
4524 REDWING CT.
MIDDLEBURG, FL 32068

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 of agent or individual registered agent and fee, if applicable

(NOTE: Registered Agent signature required when terminating)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

P
LAPINSKY, MARJORIE F
4524 REDWING CT.
MIDDLEBURG, FL 32068 ☐ Delete

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

VP
LAPINSKY, PAUL A
4524 REDWING CT.
MIDDLEBURG, FL 32068 ☒ Delete

Lapinsky, Marjorie F.
4524 Redwing Ct.
Middleburg FL 32068 ☒ Change ☐ Addition

SEC
LAPINSKY, MARJORIE F
4524 REDWING CT.
MIDDLEBURG, FL 32068 ☐ Delete

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

T
LAPINSKY, MARJORIE F
4524 REDWING CT.
MIDDLEBURG, FL 32068 ☐ Delete

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

☐ Delete

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

☐ Delete

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

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 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 of this report or an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie Lapinsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

904-434-6648

Date

Business Phone #