

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 011 ***150.00

DOCUMENT # P06000103891

1. Entity Name
NADINE LOPEZ & SONS, INC.



Principal Place of Business
1100 HARBOUR VIEW CIRCLE
LONGWOOD, FL 32750

Mailing Address
1100 HARBOUR VIEW CIRCLE
LONGWOOD, FL 32750



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

400 S. Orlando Ave.

400 S ORLANDO AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

Winter Park, FL

Winter Park, FL

Zip

Zip

32789

32789

Country

Country

USA

02082007

Chg-P

CR2E034 (12/06)

4. FEI Number

Applied For

20-5368279

Not Applicable

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

HENDRY, STONER, CALANDRINO & BROWN, P.A.
1100 HARBOUR VIEW CIRCLE
LONGWOOD, FL 32750

Name

Street Address (P.O. Box Number is Not Acceptable)

20 N. ORANGE AVENUE

SUITE 600

City

ORLANDO, FL

FL

Zip Code

32801

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 *Nadine Lopez*

Hendry, Stoner, Calandrino & Brown

3-20-07

Signature, typed or printed name of registered agent, and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LOPEZ, NADINE
1100 HARBOUR VIEW CIRCLE
LONGWOOD, FL 32750 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MENDEZ, JAQUELINE
1100 HARBOUR VIEW CIRCLE
LONGWOOD, FL 32750 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-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 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: *Nadine Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07
Date

407-628-1078
Daytime Phone #