

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P9300026586	
1. Entity Name LANZO LINING SERVICES, INC.-FLORIDA	

Principal Place of Business 4260 NW 19TH AVE UNITS A-F POMPANO BCH. FL 33064 US	Mailing Address 1900 NW 44TH ST POMPANO BCH. FL 33064 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent D'ALESSANDRO, GIUSEPPE 4260 NW 19TH AVE UNIT A POMPANO BCH. FL 33064	
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4. FEI Number 65-0414559	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS D'ALESSANDRO, GIUSEPPE 6208 NW 72ND WAY PARKLAND FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D'ALESSANDRO, ANGELO 6689 NW 26TH WAY BOCA RATON FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TILLI, MATTHEW P 8302 NW 37TH ST CORAL SPRINGS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BEATY, ROBERT III 1864 GOLFVIEW S DAYTONA BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TINGBERG, FRED 3208 NORFOLK, ST POMPANO BACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS D'ALESSANDRO, ANTONIO 21788 REFLECTIONLANE BOCA RATON FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000047421 02/12/04-80039-018 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(f), 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: _____ 2/6/04 954-979-0802

DATE DAYTIME PHONE #