

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90051 030 ***150.00

DOCUMENT # P94000002915

1. Entity Name
LAKEWORTH INDUSTRIAL PROPERTIES, INC.



Principal Place of Business
**429 INDUSTRIAL ST
PALM BEACH GARDENS, FL 33418**

Mailing Address
~~111 OLIVERA WAY~~ **101 PLAYA RIENTA WAY**
PALM BEACH GARDENS, FL 33418

QUUUU14J



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0465808

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMANELLI, MARIA
~~111 OLIVERA WAY~~ **101 PLAYA RIENTA WAY**
PALM BEACH GARDENS, FL 33418

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROMANELLI, ROCCO
STREET ADDRESS	111 OLIVERA WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	SD
NAME	ROMANELLI, MARIA
STREET ADDRESS	111 OLIVERA WAY
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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 **1/15/08** Daytime Phone # _____