

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000032154

1. Entity Name
LENOX PLACE CORPORATE, INC.



Principal Place of Business
21301 POWERLINE RD
SUITE 312
BOCA RATON, FL 33433 US

Mailing Address
P.O. BOX 11229
KNOXVILLE, TN 37939 US

FILED
Apr 06, 2005 08:00 AM
Secretary of State



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3317805
Applied For
Not Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, CLIFFORD L
802 11TH STREET WEST
BRADENTON, FL 34205

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, 2005 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 LEVIN, RICHARD
STREET ADDRESS 1733 WEST FLETCHER AVENUE
CITY-ST-ZIP TAMPA, FL 33612

TITLE VS
NAME RICE, SUZANNE L
STREET ADDRESS 1733 FLETCHER AVE.
CITY-ST-ZIP TAMPA, FL

TITLE VTD
NAME LEVIN, STEVEN
STREET ADDRESS 21301 POWERLINE ROAD SUITE #312
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE D
NAME FERRUCCI, MARK A
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON, DE 19801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Levin, Vice President

Date

Daytime Phone #

100000289865
04/06/05-80042-022 150.00

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