

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000074806

1. Entity Name  
LEHOCZKY ENGINEERING & CONSULTING, INC.



Principal Place of Business  
4411 16TH AVE E  
PALMETTO, FL 34221 US

Mailing Address  
4411 16TH AVE E  
PALMETTO, FL 34221 US

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0615304

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**

LEHOCZKY, MELINDA  
4411 16TH AVE EAST  
PALMETTO, FL 34221

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

1100000086572  
03/12/04-80028-013 158.75

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEHOCZKY, MELINDA<br>4411 16TH AVE EAST<br>PALMETTO, FL 34221 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LEHOCZKY, KALMAN<br>4411 16TH AVE E<br>PALMETTO, FL 34221     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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:

*Melinda Lehoczy*

3/9/04

941-729-0503