

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000049468

1. Entity Name
LANCER MARKETING SERVICES, INC.



Principal Place of Business
9050 PINE BLVD.
#205
PEMBROKE PINES, FL 33024 US

Mailing Address
9050 PINE BLVD.
#205
PEMBROKE PINES, FL 33024 US



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0672992

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VANDE POL, LORETTA
9050 PINE BLVD.
#385A
PEMBROKE PINES, FL 33024

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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, 2004 Fee will be \$550.00

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

U000000094613
03/23/04-80003-021 150.00

10. OFFICERS AND DIRECTORS

DODCU
MENU
TDUUD#EAATT
d0 tTD00
DP
VANDE POL, LORETTA
9050 PINE BLVD.
PEMBROKE PINES, FL 33024

DODCU
MENU
TDUUD#EAATT
d0 tTD00
VST
SCHECHTMAN, GRISETT
1460 SW 7TH ST
MIAMI, FL 33135

DODCU
MENU
TDUUD#EAATT
d0 tTD00

DODCU
MENU
TDUUD#EAATT
d0 tTD00

DODCU
MENU
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d0 tTD00

DODCU
MENU
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d0 tTD00

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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:

Loretta Vande Pol
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/04

Date

Daytime Phone #