

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000069386

1. Entity Name
LACONTE ENGINEERING, INC.



Principal Place of Business

3933 SE FAIRWAY EAST
STUART, FL 34997

Mailing Address

3933 SE FAIRWAY EAST
STUART, FL 34997



03232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0710894

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LACONTE, PATRICK J
3933 SE FAIRWAY EAST
STUART, FL 34997

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000096300
03/25/04-80024-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LACONTE, PATRICK J
STREET ADDRESS	3933 SE FAIRWAY EAST
CITY - ST - ZIP	STUART, FL 34997
TITLE	TSD
NAME	LACONTE, CINDY
STREET ADDRESS	3933 SE FAIRWAY EAST
CITY - ST - ZIP	STUART, FL 34997
TITLE	D
NAME	LACONTE, R.W.
STREET ADDRESS	2900 LAMPLIGHT LANE
CITY - ST - ZIP	WILLOUGHBY HILLS, OH 44094

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

772-223-8071

Date

Daytime Phone #