

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90050 021 ***158.75

DOCUMENT # P96000099914

1. Entity Name

LASSONDE PAINTING, INC.



Principal Place of Business

1969 EUSTACE AVE
DELTONA FL 32725

Mailing Address

1969 EUSTACE AVE
DELTONA FL 32725

2. Principal Place of Business

1969 EUSTACE AVE

3. Mailing Address

1969 EUSTACE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA FLA

City & State

DELTONA FLA

Zip

32725

Country

U.S.A.

Zip

32725

Country

U.S.A.

4. FEI Number

59-3419274

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Yes

6. Name and Address of Current Registered Agent

LASSONDE, MARK A
1969 EUSTACE AVE
DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LASSONDE, MARK A
1969 EUSTACE AVE
DELTONA FL 32725

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LASSONDE, PETER L
1734 E WAYCROSS CIRCLE
DELTONA FL 32725

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

MARK A LASSONDE

2/4/04

386-789-3076

Date Daytime Phone #