

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092172

Entity Name: N. LOPRESTO, INC.

FILED
Jul 19, 2004
Secretary of State

Current Principal Place of Business:

5228 PELICAN
CAPE CORAL, FL 33914

New Principal Place of Business:

1724 SE 8TH PLACE
CAPE CORAL, FL 33990

Current Mailing Address:

5228 PELICAN
CAPE CORAL, FL 33914

New Mailing Address:

1724 SE 8TH PLACE
CAPE CORAL, FL 33990

FEI Number: 59-3539762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLIN, JAMES G
2263 N.W.
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

LOPRESTO, NORMAN
1724 SE 8TH PLACE
CAPE CORAL, FL 33990

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.

SIGNATURE: NORMAN LOPRESTO

07/19/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOPRESTO, NORMAN
Address: 5228 PELICAN
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Delete
Name: LOPRESTO, MARY
Address: 5228 PELICAN BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: SVP () Delete
Name: LOPRESTO, ANTHONY
Address: 5228 PELICAN BLVD
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOPRESTO, NORMAN
Address: 1724 SE 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN LOPRESTO

P

07/19/2004

Electronic Signature of Signing Officer or Director

Date