

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000006683	
1. Entity Name LUCENTI MARINE, INC.	



Principal Place of Business 5613 RIDGEWOOD AVE. PORT ORANGE, FL 32127	Mailing Address 5613 RIDGEWOOD AVE. PORT ORANGE, FL 32127
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04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3568735	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ORTIZ, JOHN
5613 RIDGEWOOD AVE.
PORT ORANGE, FL 32127**

**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 _____ (NOTE: Registered Agent signature required when reappointing) 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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUCENTI, MARY
STREET ADDRESS	5613 RIDGEWOOD AVE.
CITY- ST- ZIP	PORT ORANGE, FL 32127
TITLE	VT
NAME	ORTIZ, JOHN
STREET ADDRESS	5613 RIDGEWOOD AVE.
CITY- ST- ZIP	PORT ORANGE, FL 32127
TITLE	S
NAME	ORTIZ, KATHY
STREET ADDRESS	5613 RIDGEWOOD AVE.
CITY- ST- ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/08/04-80037-002 150.00

**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: *Nathan E. Ortiz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04 386-788-5050
Date Daytime Phone #