

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90046 021 ***150.00

DOCUMENT # P99000019249

1. Entity Name

L P C SOD, INC.



Principal Place of Business

38309 US 19 HWY N.
PALM HARBOR FL 34684

Mailing Address

38309 US 19 HWY N.
PALM HARBOR FL 34684

2. Principal Place of Business

38309 U.S. 19 Hwy 19 N.

3. Mailing Address

38309 U.S. 19 Hwy. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor Fla.

City & State

Palm Harbor, Fla.

Zip

34684

Country

Pinellas

Zip

34684

Country

Pinellas



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3615214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALVO, LAZARO P
38309 US HWY 19 NORTH
PALM HARBOR FL 34684

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, 2005 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 D ☐ Delete
NAME CALVO, LAZARO P
STREET ADDRESS 4524 WEST SLIGH AVENUE
CITY-ST-ZIP TAMPA FL 33614

TITLE D ☐ Delete
NAME CALVO, JUAN
STREET ADDRESS 38309 HAM 19 N
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE D ☐ Delete
NAME CALVO, LIVAN
STREET ADDRESS 38309 HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

Date

Daytime Phone #