

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90007 025 \*\*\*150.00

**DOCUMENT # P99000086261**

1. Entity Name

LP PUBLISHING, INC.



Principal Place of Business

2750 SOUTH RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

Mailing Address

18 BUTTERMILL DR  
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

18 Buttermill DR

Suite, Apt. #, etc.

18 Buttermill DR

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

U.S.A.

Zip

32137

Country

U.S.A.



MOORE

CR2E034 (4/04)

4. FEI Number

59-3605255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROTENBERG, JEROME  
COMPUTER SERVICE INC.  
25 OLD KINGS RD S.C.  
PALM COAST FL 32137

7. Name and Address of New Registered Agent

Name Leonid Poznyak

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

18 Buttermill DR.

City Palm Coast

FL

Zip Code

32137

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 Leonid Poznyak

L. Poznyak

08/16/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

\$150/150.00 - 08/16/04

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	POZNYAK, IGOR	
STREET ADDRESS	18 BUTTERMILL DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POZNYAK, LEONID	
STREET ADDRESS	18 BUTTERMILL DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Leonid Poznyak

L. Poznyak 08/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #