

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2004 8:00 am**  
**Secretary of State**

07-13-2004 90008 015 \*\*\*150.00

**DOCUMENT # S04553**

1. Entity Name  
**LOTT DEMOLITION SERVICES, INC.**



Principal Place of Business  
**429 N HENNIS RD  
WINTER GARDEN, FL 34787 US**

Mailing Address  
**PO BOX 771316  
WINTER GARDEN, FL 34777-1316 US**

**44048416**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3036379**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FLEMING, BELINDA  
970 CREST AVENUE, EAST  
WINTER GARDEN, FL 34787**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOTT, JOHNNIE PAUL, JR.
STREET ADDRESS	1414 SPRING RIDGE DRIVE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	LOTT, JOHNNIE PAUL, SR.
STREET ADDRESS	175 TEMPLE GROVE DR.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	T
NAME	FLEMING, BELINDA F.
STREET ADDRESS	970 E. CREST AVE.
CITY-ST-ZIP	WINTER GARDEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Belinda Fleming*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7-1-04 4076502112*