

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81165

FILED  
Jan 05, 2004  
Secretary of State

**Entity Name:** LOPRESTI SPEED MERCHANTS, INC.

**Current Principal Place of Business:**

2620 AIRPORT N. DR  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

2620 AIRPORT N. DR  
VERO BEACH, FL 32960 US

**New Mailing Address:**

**FEI Number:** 65-0295298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPRESTI, CURT  
2620 AIRPORT NORTH DRIVE  
VERO BEACH, FL 32960 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: LOPRESTI, JAMES R.,  
Address: 5670 36TH LN  
City-St-Zip: VERO BEACH, FL

Title: P ( ) Delete  
Name: LOPRESTI, CURT  
Address: 906 TIDES ROAD  
City-St-Zip: VERO BEACH, FL

Title: V ( ) Delete  
Name: LOPRESTI, CURTIS,  
Address: 906 TIDES ROAD  
City-St-Zip: VERO BEACH, FL

Title: S ( ) Delete  
Name: LOPRESTI, MARGARET,  
Address: 516 HONEYSUCKLE LN  
City-St-Zip: VERO BEACH, FL

Title: T ( ) Delete  
Name: LOPRESTI, DAVID,  
Address: 469 10TH CT.  
City-St-Zip: VERO BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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:** CURT LOPRESTI

P

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date