2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S81165

1. Entity Name
LOPRESTI SPEED MERCHANTS, INC.

Principal Place of Business	Mailing Address
2620 AIRPORT N. DR VERO BEACH, FL 32960 US	2620 AIRPORT N. DR VERO BEACH, FL 32960 US

01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0295298
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	LOPRESTI, JAMES R.
STREET ADDRESS	5670 36TH LN
CITY-ST-ZIP	VERO BEACH, FL
TITLE	P
NAME	LOPRESTI, CURT
STREET ADDRESS	906 TIDES ROAD
CITY-ST-ZIP	VERO BEACH, FL
TITLE	V
NAME	LOPRESTI, CURTIS
STREET ADDRESS	906 TIDES ROAD
CITY-ST-ZIP	VERO BEACH, FL
TITLE	S
NAME	LOPRESTI, MARGARET
STREET ADDRESS	516 HONEYSUCKLE LN
CITY-ST-ZIP	VERO BEACH, FL
TITLE	T
NAME	LOPRESTI, DAVID
STREET ADDRESS	469 10TH CT.
CITY-ST-ZIP	VERO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80020-023 317.50

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-20-06 772-562-4757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #