


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # S97313

1. Entity Name
LONETTI INC.



Principal Place of Business Mailing Address

100 CARRIGAN AVE **100 CARRIGAN AVE**
OVIEDO, FL 32765 **OVIEDO, FL 32765**

DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3096463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONETTI, LUIGI
100 CARRIGAN AVENUE
OVIEDO, FL 32765

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONETTI, LUIGI 100 CARRIGAN AVE OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONETTI, SUSAN 100 CARRIGAN AVE OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LONETTI, FORTUNATO 100 CARRIGAN AVE OVIEDO, FL
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05/05/04-80063-022 150.00

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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 life empowered.

SIGNATURE: *Susan Lonetti* 4-24-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #