

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000043945

**FILED  
Jan 27, 2014  
Secretary of State  
CC0906968616**

**Entity Name:** LA MONICA ENTERPRISES INC

**Current Principal Place of Business:**

323 NORTH 2ND STREET  
FLAGLER BEACH, FL 32136

**Current Mailing Address:**

5 WAYLAND PLACE  
PALM COAST, FL 32164

**FEI Number:** 13-4251136

**Certificate of Status Desired:** Yes

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

LAMONICA, ALAN  
5 WAYLAND PLACE  
PALM COAST, FL 32164 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            LAMONICA, ALAN  
Address        5 WAYLAND PLACE  
City-State-Zip: PALM COAST FL 32164

Title            P  
Name            LAMONICA, AMY  
Address        9 WILLS PL  
City-State-Zip: PALM COAST FL 32164

Title            VP  
Name            LAMONICA, DANA  
Address        1015 DANDELION DR  
City-State-Zip: CLARKSVILLE TN 33704

Title            TREASURER.SECRETARY  
Name            LAMONICA, MICHELE M VP  
Address        5 WAYLAND PL  
City-State-Zip: PALM COAST FL 32164

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALAN LAMONICA

**OWNER**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date