

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000005986

**Entity Name:** LOFTY ASSET MANAGEMENT INC

**Current Principal Place of Business:**

4025 SUNBEAM RD  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4025 SUNBEAM RD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 46-4563800

**Certificate of Status Desired:** No

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

MANKOSKI, LISA A  
4025 SUNBEAM RD  
JACKSONVILLE, FL 32257 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 P  
Name MANKOSKI, LISA  
Address 5725 CROSSWINDS CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32092

Title VP  
Name HATCH, PATRICIA  
Address 12724 GRAN BAY PARKWAY STE 410  
City-State-Zip: JACKSONVILLE FL 32258

*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:** LISA MANKOSKI

**PRESIDENT**

**04/23/2021**

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

\_\_\_\_\_  
Date