

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000090255

**Entity Name:** SALVATORE LAZZANO PA, INC.

**Current Principal Place of Business:**

31 WHIPPOORWILL DR.  
PALM COAST, FL 32164

**Current Mailing Address:**

31 WHIPPOORWILL DR.  
PALM COAST, FL 32164

**FEI Number:** 65-0874082

**Certificate of Status Desired:** No

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

LAZZANO, SALVATORE  
31 WHIPPOORWILL DR.  
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            PRES  
Name            LAZZANO, SALVATORE  
Address        31 WHIPPOORWILL DR.  
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:** SALVATORE LAZZANO

**PRESIDENT**

**03/25/2014**

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

\_\_\_\_\_ Date