

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000001585

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC9682603756**

**Entity Name:** LACROSSE UNLIMITED, INC.

**Current Principal Place of Business:**

145 MARCUS BLVD SUITE 2  
HAUPPAUGE, NY 11788

**Current Mailing Address:**

145 MARCUS BLVD SUITE 2  
HAUPPAUGE, NY 11788

**FEI Number: 11-3028975**

**Certificate of Status Desired: No**

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

DESIMONE, MICHAEL  
6945 SE HARBOR CIRCLE  
STUART, FL 34996 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           PRESIDENT  
Name           DESIMONE, JOSEPH  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

Title           SECRETARY  
Name           DESIMONE, MICHAEL  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

Title           DIRECTOR  
Name           ODDI, DAVID  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

Title           DIRECTOR  
Name           MILLER, KEITH  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

Title           DIRECTOR  
Name           DESIMONE , SAM  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

Title           DIRECTOR  
Name           DESIMONE, JOSEPH  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

Title           DIRECTOR  
Name           DESIMONE, MICHAEL  
Address        145 MARCUS BLVD SUITE 2  
City-State-Zip: HAUPPAUGE NY 11788

*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: JOSEPH DESIMONE**

**PRESIDENT**

**01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date