


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90092 009 \*\*\*150.00

DOCUMENT # P03000094693			
1. Entity Name LANTANA EMROIDERY STUDIO, INC.			
Principal Place of Business 5127 WEST HANNA AVENUE TAMPA, FL 33634 US		Mailing Address 5127 WEST HANNA AVENUE TAMPA, FL 33634 US	
2. Principal Place of Business - No P.O. Box # 5003 W Rivivista Ave → SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
4. FEI Number 86-1079054		Applied For <input type="checkbox"/> Not Applicable	
Zip 33634		Country Hillsborough	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDBERG, GLENN 133 FIRST STREET NORTH 2 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name: Goldberg Law Group Street Address (P.O. Box Number is Not Acceptable): 200 Central Ave Ste 290 City: St Petersburg FL Zip Code: 33701	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINNICK, DEBORAH 10137 BELGRAVE ROAD TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.			
SIGNATURE: <u>Deborah Pinnick</u> DEBORAH PINNICK		4-26-07 813-249-5311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	