

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90036 032 ***150.00

DOCUMENT # P04000091302	
1. Entity Name LATH TECH INC.	

Principal Place of Business 6410 COUNTY RD 208 SAINT AUGUSTINE, FL 32092	Mailing Address 6410 COUNTY RD 208 SAINT AUGUSTINE, FL 32092
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50066269



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09082005 Chg-P CR2E034 (10/03)

4. Fee Number 20-1304848	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GENNUSA, ANN MARIE 17 OLD MISSION AVE SAINT AUGUSTINE, FL 32092	7. Name and Address of New Registered Agent Name: Theodore R. Beal Street Address (P.O. Box Number is Not Acceptable): 6410 County Rd 208 St. Augustine FL 32092
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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: *Theodore R. Beal* (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAL, THEODORE R 6410 COUNTY RD 208 SAINT AUGUSTINE, FL 32092 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Theodore R. Beal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #: