

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90018 013 ***150.00

DOCUMENT # P06000137533 1. Entity Name LITERATURE AND THINGS RELATED, INC.					
Principal Place of Business 7920 COLONY CIRCLE N #109 TAMARAC, FL 33321			Mailing Address 7920 COLONY CIRCLE N #109 TAMARAC, FL 33321		
2. Principal Place of Business - No P.O. Box # <i>AS ABOVE</i>		3. Mailing Address <i>AS ABOVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CLUNIE, ANTHONY L 7920 COLONY CIRCLE N #109 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consenting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP	P CLUNIE, ANTHONY L 7920 COLONY CIRCLE N #109 TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V CLUNIE, PAULETTE V 7920 COLONY CIRCLE N #109 TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S CLUNIE, CHERYL K 7920 COLONY CIRCLE N #109 TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: <i>Anthony L. Clunie</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>4-20-07</i> Date		
<i>954 632 1773</i> Daytime Phone #					

40094920



04202007 Chg-P CR2E034 (12/06)

☒ Applied For
☒ Not Applicable

FL

Zip Code