

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000060244

1. Entity Name
LTV PROPERTIES, INC.



Principal Place of Business
6494 SCENIC HWY
PENSACOLA, FL 32504

Mailing Address
6494 SCENIC HWY
PENSACOLA, FL 32504



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3441801	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOWREY, TIMOTHY S
6494 SCENIC HWY
PENSACOLA, FL 32504

**DO NOT WRITE
IN THIS SPACE**

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 Laura J Mowrey 7/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOWREY, TIMOTHY S
STREET ADDRESS	6494 SCENIC HWY
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	D
NAME	MOWREY, LAURA
STREET ADDRESS	6494 SCENIC HWY
CITY-ST-ZIP	PENSACOLA, FL 32504

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000768468
07/12/07-80009-018 550.00

**DO NOT WRITE
IN THIS SPACE**

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 Laura J Mowrey LAURA J MOWREY 7/11/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #