


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90027 040 ***150.00

DOCUMENT # V41230 1. Entity Name LATIS, INC.																																																																																									
Principal Place of Business 6043 LAKE LIZZIE RD SAINT CLOUD, FL 34771				Mailing Address 6043 LAKE LIZZIE RD SAINT CLOUD, FL 34771																																																																																					
2. Principal Place of Business 11517 W. SANDPIPER CT Suite, Apt. #, etc.		3. Mailing Address 11517 W. SANDPIPER CT Suite, Apt. #, etc.																																																																																							
City & State CRYSTAL RIVER, FL		City & State CRYSTAL RIVER, FL		4. FEI Number 59-0801780																																																																																					
Zip 34429		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent BAKER, JANET 6043 LAKE LIZZIE DR SAINT CLOUD, FL 34771				7. Name and Address of New Registered Agent Name BAKER, JANET Street Address (P.O. Box Number is Not Acceptable) 11517 W. SANDPIPER CT. City CRYSTAL RIVER FL Zip Code 34429																																																																																					
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: <u><i>Janet Baker</i></u> DATE: <u>1-21-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">BAKER, JANET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">6043 LAKE LIZZIE DR SAINT CLOUD, FL 34771</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">THORNTON, BARBARA U.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">PO BOX 700245 ST CLOUD, FL 34770</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	BAKER, JANET					CITY-ST-ZIP	6043 LAKE LIZZIE DR SAINT CLOUD, FL 34771					STREET ADDRESS	THORNTON, BARBARA U.					CITY-ST-ZIP	PO BOX 700245 ST CLOUD, FL 34770					STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP						STREET ADDRESS						CITY-ST-ZIP					
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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: <u><i>Janet Baker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-21-04</u> Daytime Phone # <u>352-795 7474</u>																																																																																					

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