

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90040 019 ***150.00

DOCUMENT # 321688 1. Entity Name LOTSPEICH CO. OF FLORIDA, INC.					
Principal Place of Business 6351 NORTHWEST 28 WAY STE A FT LAUDERDALE, FL 33309 US			Mailing Address 6351 NORTHWEST 28 WAY STE A FT LAUDERDALE, FL 33309 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1171393	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FEE, DAVID H 6351 NORTHWEST 28 WAY STE A FT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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 CEO NAME FEE, DAVID STREET ADDRESS 2782 NE 27TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33306	☐ Delete		TITLE VP NAME LIGON, JERRY STREET ADDRESS 2600 SPANISH RIVER ROAD CITY-ST-ZIP BOCA RATON, FL 33432	☐ Change ☒ Addition	
TITLE VP NAME LIGON, JERRY STREET ADDRESS 2600 SPANISH RIVER ROAD CITY-ST-ZIP BOCA RATON, FL 33432	☐ Delete		TITLE VP NAME Mark Tribble STREET ADDRESS 6351 NW 28th Way, Suite A CITY-ST-ZIP FT. Lauderdale, FL 33309	☐ Change ☒ Addition	
TITLE PRES NAME FEE, MICHAEL STREET ADDRESS 2440 NE 26TH AVE CITY-ST-ZIP FORT LAUDERDALE, FL 33305	☐ Delete		TITLE VP NAME Robert Gordon STREET ADDRESS 6351 NW 28th Way, Suite A CITY-ST-ZIP FT. Lauderdale FL 33309	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE C.F.O. V NAME Paul Keenan STREET ADDRESS 6351 NW 28th Way, Suite A CITY-ST-ZIP FT. Lauderdale, FL 33309	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE VP NAME Steve Lewis STREET ADDRESS 6351 NW 28th Way, Suite A CITY-ST-ZIP FT. Lauderdale, FL 33309	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-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>David Fee</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>David H. Fee</i> Date: <i>4/20/07</i> Daytime Phone #: <i>954-978-2388</i>		