




2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 269505 1. Entity Name THE LATT MAXCY CORPORATION						FILED 06 MAY 16 PM 3:43 SECRETARY OF STATE, TALLAHASSEE, FLORIDA	
Principal Place of Business 33 E. WALL ST. FROSTPROOF, FL 33843				Mailing Address 33 E. WALL ST. FROSTPROOF, FL 33843			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1004757				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WILSON, PEYTON T 100 PALM AVE FROSTPROOF, FL 33843				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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-ST-ZIP	PD WILSON, P T 100 PALM AVENUE FROSTPROOF, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <div style="font-size: 2em; font-family: cursive; margin-top: 10px;">\$095/23</div>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, PATRICIA 2013 RUE ULYSSE BILOXI, MS 39531	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, CLAYTON G 1126 SHORELINE LANE WINTER HAVEN, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, CYNTHIA WILSON MOUNTAIN LAKE ESTATES LAKE WALES, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 100075484711 05/31/06--01010--002 **700.00 </div>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRADDOCK, F. HOOD 223 LAKE LINK ROAD WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, LATIMER 1 AIRPORT RD FROSTPROOF, FL 33843	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  F. HOOD CRADDOCK				4-27-06 263.635.4804			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

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OFFICERS AND DIRECTORS CONTINUED**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
Title Name Street Address City - St - Zip	D Wilson, Patricia M. 122 Mountain Lake Lake Wales, FL 33859 <input type="checkbox"/> Delete	Title Name Street Address City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - St - Zip	VD Blaylock, Claire W 107 Augusta Trail Cullman, AL 35057 <input type="checkbox"/> Delete	Title Name Street Address City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City - St - Zip	<input type="checkbox"/> Delete	Title Name Street Address City - St - Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition