

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # 269505				1. Entity Name THE LATT MAXCY CORPORATION	
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1004757	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 WILSON, P. T. 33 E. WALL ST. FROSTPROOF, FL 33843	
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.				8.75 Additional Fee Required	
SIGNATURE: <i>P.T. Wilson</i> Signature, typed or printed name of registered agent and fee if applicable				P.T. Wilson 3/16/2007 (NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	VD WILSON, P T 100 PALM AVENUE FROSTPROOF, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, P T 122 MOUNTAIN LAKE ESTATES LAKE WALES, FL 33853	<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	VD WILSON, PATRICIA 2200 N. SCENIC HWY BABSON PARK, FL 33827	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILSON, CLAYTON G 1126 SHORELINE LANE WINTER HAVEN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILSON, CLAYTON G. 65 MOUNTAIN LAKE ESTATES LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENRY, CYNTHIA W MOUNTAIN LAKE ESTATES LAKE WALES, FL	<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	PD CRADDOCK, F. HOOD 223 LAKE LINK ROAD WINTER HAVEN, FL 33884	<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, LATIMER 1 AIRPORT RD FROSTPROOF, FL 33843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, LATIMER T. 200 AIRPORT ROAD FROSTPROOF, FL 33843	<input checked="" 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: <i>F. Hood Craddock</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
F. HOOD CRADDOCK 3/16/07 863-635-4804					

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**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT  
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