

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 269505

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: THE LATT MAXCY CORPORATION

## Current Principal Place of Business:

21299 US HWY 27  
LAKE WALES, FL 338596851 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3737  
LAKE WALES, FL 338593737 US

## New Mailing Address:

FEI Number: 59-1004757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, DAVID A  
21299 US HWY 27  
LAKE WALES, FL 338596851 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: WILSON, P T  
Address: 122 MOUNTAIN LAKE ESTATES  
City-St-Zip: LAKE WALES, FL 33853

Title: VD ( ) Delete  
Name: WILSON, PATRICIA  
Address: 2200 N. SCENIC HWY  
City-St-Zip: BABSON PARK, FL 33827

Title: VSTD ( ) Delete  
Name: WILSON, CLAYTON G  
Address: 65 MOUNTAIN LAKE ESTATES  
City-St-Zip: LAKE WALES, FL 33853

Title: VD ( ) Delete  
Name: HENRY, CYNTHIA W  
Address: MOUNTAIN LAKE ESTATES  
City-St-Zip: LAKE WALES, FL

Title: PD ( ) Delete  
Name: CRADDOCK, F. HOOD  
Address: 223 LAKE LINK ROAD  
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete  
Name: WILSON, LATIMER T  
Address: 200 AIRPORT ROAD  
City-St-Zip: FROSTPROOF, FL 33843

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, PATRICIA M  
Address: 122 MOUNTAIN LAKE ESTATES  
City-St-Zip: LAKE WALES, FL 33853

Title: VD (X) Change ( ) Addition  
Name: WILSON, PATRICIA J  
Address: 2200 N. SCENIC HWY  
City-St-Zip: BABSON PARK, FL 33827

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. HOOD CRADDOCK

P

01/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date