


2004 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 283481 1. Entity Name LATTERI & SON, INC.	
--	---

Principal Place of Business 2116 LAUREL STREET % ANTHONY LATTERI, SR. TAMPA, FL 33607	Mailing Address 2116 LAUREL STREET % ANTHONY LATTERI, SR. TAMPA, FL 33607
--	--



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1084836	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

LATTERI JR., ANTHONY
2116 LAUREL STREET
TAMPA, FL 33677

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LATTERI JR., ANTHONY 2116 LAUREL STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LATTERI JR., ANTHONY 2116 LAUREL STREET TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LATTERI, FRANCES 2116 LAUREL ST. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000013365
01/26/04-80050-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Anthony Latteri Jr. ANTHONY LATTERI JR.

1-22-04

813-253-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #