2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000003739

1. Entity Name
LARRY LATTANZIO INC.

Principal Place of Business
2023 IMPERIAL CIR
NAPLES, FL 34110

Mailing Address
2338 IMMOKALEE RD
SUITE 105
NAPLES, FL 34110

09082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4167604
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATTANZIO, LARRY
2023 IMPERIAL CIR
NAPLES, FL 34110

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UD00003780J4
09/08/05-80003-002 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LATTANZIO, LARRY
STREET ADDRESS	2023 IMPERIAL CIR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	S
NAME	LATTANZIO, ADRIANA
STREET ADDRESS	2023 IMPERIAL CIR
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(i), 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: _____ 9-6-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #