


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90008 035 \*\*\*150.00

DOCUMENT # F01000003739

1. Entity Name  
 LARRY LATTANZIO INC.



Principal Place of Business - Mailing Address

2023 IMPERIAL CIR  
 NAPLES FL 34110

2338 IMMOKALEE RD  
 SUITE 106  
 NAPLES FL 34110



2. Principal Place of Business - No P.O. Box # - Suite, Apt. #, etc. *2023 Imperial Circle*

3. Mailing Address Suite, Apt. #, etc. *2023 Imperial Circle*

2nd MOORE CR2E034 (4/07)

City & State *Naples Fla* City & State *Naples Fl.*

Zip *34110* Country *USA* Zip *34110* Country *USA*

4. FE# 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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P O Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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]* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State**

§ 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	LATTANZIO, LARRY	
STREET ADDRESS	2023 IMPERIAL CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	LATTANZIO, ADRIANA	
STREET ADDRESS	2023 IMPERIAL CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **7-28-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #