

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000004444

1. Entity Name
LAT PURSER FLORIDA, INC.



Principal Place of Business
6320 ST. AUGUSTINE ROAD
SUITE 7
JACKSONVILLE, FL 32217

Mailing Address
4530 PARK RD.
SUITE 300
CHARLOTTE, NC 28209



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3266098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE, FL 32301

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

\$ 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PURSER, LAT W III
STREET ADDRESS	4530 PARK RD #300
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	VSD
NAME	HENDERSON, GENEVA
STREET ADDRESS	6320 ST. AUGUSTINE RD, STE. 7
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	LEATHERWOOD, DANIEL L
STREET ADDRESS	4530 PARK RD #300
CITY-ST-ZIP	CHARLOTTE, NC 28209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000366285
05/12/05-80004-009 550.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #