

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53748

FILED
Feb 09, 2009
Secretary of State

Entity Name: LAT'S DEVELOPMENT, INC.

Current Principal Place of Business:

3400 TYNE LANE
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4009
SARASOTA, FL 34230 US

New Mailing Address:

FEI Number: 59-2840982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEOPOLDS SIPOLINS
3400 TYNE LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

SIPOLINS, LEOPOLDS
3400 TYNE LANE
SARASOTA, FL 34232 US

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: LEOPOLDS SIPOLINS

02/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SIPOLINS, LEOPOLDS,
Address: 3400 TYNE LANE
City-St-Zip: SARASOTA, FL

Title: V () Delete
Name: SIPOLINS, ANDA K
Address: 3400 TYNE LN
City-St-Zip: SARASOTA, FL 34232

Title: VS () Delete
Name: SIPOLINS, DOUGLAS D
Address: 3400 TYNE LN
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SIPOLINS, LEOPOLDS
Address: 3400 TYNE LANE
City-St-Zip: SARASOTA, FL 34232

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: LEOPOLDS SIPOLINS

P

02/09/2009

Electronic Signature of Signing Officer or Director

Date