

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90422 005 ****50.00

DOCUMENT # L01000017043

1. Entity Name
LATVALA, COLEY AND COMPANY, LLC



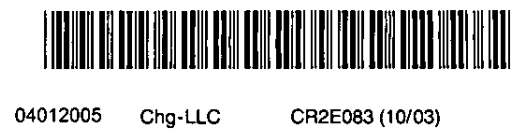
Principal Place of Business
**9038 OLD C.R. 54
 NEW PORT RICHEY, FL 34653**

Mailing Address
**PO BOX 488
 PALM HARBOR, FL 34682**

20026346

2. Principal Place of Business
8038 OLD C.R. 54
 Suite, Apt. #, etc.

3. Mailing Address
8038 OLD C.R. 54
 Suite, Apt. #, etc.



City & State
NEW PORT RICHEY

City & State
NEW PORT RICHEY

Zip
34653 Country
USA

Zip
34653 Country
USA

4. FEI Number
59-3743084

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
LATVAZA, WOODROW J
8038 OLD C.R. 54
NEW PORT RICHEY, FL 34653

Correction: LATVALA, WOODROW J.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LATVALA, WOODROW J 8038 OLD C.R. 54 NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Woodrow J. Latvala **3/31/05** 727-376-6880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #