

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 006 ***150.00

DOCUMENT # L96418

1. Entity Name
LITO, INC.



Principal Place of Business
P O BOX 2948
ORMOND BEACH, FL 32175-9948

Mailing Address
P O BOX 2948
ORMOND BEACH, FL 32175-9948

40072586



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3138891

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MANOLAS, GEORGE
19 LAUREL OAKS CIRCLE
ORMOND BCH, FL 32174

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MANOLAS, EMMANUEL
STREET ADDRESS	1543 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	P
NAME	MANOLAS, GEORGE
STREET ADDRESS	1543 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	S
NAME	MANOLAS, LOUIE
STREET ADDRESS	1543 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06