

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90008 013 ***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

40100138



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3138891

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MANOLAS, GEORGE
~~10 LAUREL OAKS CIRCLE~~ *4 Carrington Lane*
ORMOND BCH, FL 32174

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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, 2008 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

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

4/21/08 (386) 871-5766
Date Daytime Phone #