

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L96418

Entity Name: LITO, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

P O BOX 2948
ORMOND BEACH, FL 321759948

New Principal Place of Business:

4 CARRINGTON LANE
ORMOND BEACH, FL 32174

Current Mailing Address:

P O BOX 2948
ORMOND BEACH, FL 321759948

New Mailing Address:

4 CARRINGTON LANE
ORMOND BEACH, FL 32174

FEI Number: 59-3138891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANOLAS, GEORGE
4 CARRINGTON LANE
ORMOND BCH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MANOLAS, EMMANUEL
Address: 1543 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: P () Delete
Name: MANOLAS, GEORGE
Address: 1543 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: S () Delete
Name: MANOLAS, LOUIE
Address: 1543 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANOLAS, EMMANUEL
Address: 1543 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

Title: VP (X) Change () Addition
Name: MANOLAS, GEORGE
Address: 1543 RIDGEWOOD AVENUE
City-St-Zip: HOLLY HILL, FL 32117

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: EMMANUEL MANOLAS

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date