

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90014 015 \*\*\*\*80.00

**DOCUMENT # N06000004251**

1. Entity Name  
**LIT SPIRIT RESCUE, INC.**



Principal Place of Business  
**2300 NW 395TH COURT  
OKEECHOBEE, FL 34972**

Mailing Address  
**2300 NW 395TH COURT  
OKEECHOBEE, FL 34972**

40114200



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05032007 Chg-NP CR2E037 (12/06)

4. FEI Number

**41-2202824**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PERASA, NORMAGENE  
2300 NW 395TH COURT  
OKEECHOBEE, FL 34972**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PERASA, NORMAGENE**  
STREET ADDRESS **2300 NW 395TH COURT**  
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Y/Sr** ☐ Change ☒ Addition  
NAME **Ashley Lomanek**  
STREET ADDRESS **2300 N.W 395th Court**  
CITY-ST-ZIP **Okeechobee Fla 34972**

TITLE **C/D** ☐ Change ☒ Addition  
NAME **William Lomanek**  
STREET ADDRESS **2300 N.W 395th Court**  
CITY-ST-ZIP **Okeechobee Fla 34972**

TITLE **T/D** ☐ Change ☒ Addition  
NAME **Leroy Boudien**  
STREET ADDRESS **24 Bonanza Lane**  
CITY-ST-ZIP **Vero Beach Fla 34960**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:**

*Normagan Perasa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/14/07**

**863-447-6004**  
Date Daytime Phone #