


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2005 90125 029 ***150.00


DOCUMENT # P00000018007	
1. Entity Name LATITUDE 26 DESIGNS, INC.	

Principal Place of Business 2516 NE 21 TERRACE LIGHTHOUSE POINT, FL 33064	Mailing Address 2516 NE 21 TERRACE LIGHTHOUSE POINT, FL 33064
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2. Principal Place of Business <i>2516 NE 21 Terr.</i>	3. Mailing Address <i>2516 NE 21 Terr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Lighthouse Pt., FL.</i>	City & State <i>Lighthouse Pt., FL.</i>
Zip <i>33064</i>	Country <i>USA</i>
Zip <i>33064</i>	Country <i>USA</i>

40001100



03022005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KAISER, JEFFREY P ESQ. 9825 WEST SAMPLE ROAD SUITE 201 CORAL SPRINGS, FL 33065	
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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 <i>Barbara Hayes</i>	<i>Barbara Hayes</i>
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)
	DATE <i>April 30, 05</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, BARBARA 2516 N.E. 21ST TERRACE LIGHTHOUSE POINT, FL 33064 <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
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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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

12. 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 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: <i>Barbara Hayes</i>	<i>Barbara Hayes</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>April 30, 05</i> Daytime Phone # <i>954-786-1022</i>

Attachment
Division of Corporations

40081133

Annual Report

Document Number
P00000018007
Business Entity Name
LATITUDE 26 DESIGNS, INC.

FEI Number

650986013

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

2516 NE 21 TERRACE

Suite, Apt. #, etc.

City, State

LIGHTHOUSE POINT

FL

Zip Code & Country

33064

Mailing Address

Address

2516 NE 21 TERRACE

Suite, Apt. #, etc.

City, State

LIGHTHOUSE POINT

FL

Zip Code & Country

33064

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

KAISER

JEFFREY

P

ESQ.

-or- RA Business Name

Address

9825 WEST SAMPLE ROAD

Suite, Apt. #, etc.

SUITE 201

City, State

CORAL SPRINGS

FL

Zip Code & Country

33065

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Barbara M. Hayes

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes

Attachment

forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

P00000018007

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

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