


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000026288</b> 1. Entity Name <b>LACANTINA OCEANSIDE, INC.</b>	
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Principal Place of Business <b>8803 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920</b>	Mailing Address <b>8803 N. ATLANTIC AVE. CAPE CANAVERAL, FL 32920</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3636534</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SAUER, JEFFREY R  
102 GARDEN BEACH LN  
CAPE CANAVERAL, FL 32920**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SAUER, JEFF 102 GARDEN BEACH LN CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FAIRFIELD, DEBI M 102 GARDEN BEACH LN CAPE CANAVERAL, FL 32920
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05/02/07-80022-021 150.00

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:** JEFF SAUER 4/19/07 321.459.0233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #