

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90099 017 ***150.00

DOCUMENT # P00000041835

1. Entity Name
PHILIP LATORRE WALLPAPER HANGING INC



Principal Place of Business

~~120 CAPRI DRIVE~~
~~ORMOND BEACH, FL 32176~~

5428 Landis Ave.
Port Orange, FL 32127

Mailing Address

PO BOX 2792
ORMOND BEACH, FL 32175

60003460



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

Same As Above

3. Mailing Address

Same As Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007

Chg-P

CR2E034 (12/06)

City & State

Same As Above

City & State

Same As Above

4. FEI Number

59-3641601

Applied For

Not Applicable

Zip

11

Country

USA

Zip

11

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATORRE, PHILIP A

~~120 CAPRI DRIVE~~
~~ORMOND BEACH, FL 32176~~

5428 Landis Ave.
Port Orange, FL 32127

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

Philip A. Latorre President

1/16/07

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME LATORRE, PHILIP A
STREET ADDRESS ~~120 CAPRI DRIVE~~ 5428 Landis Ave.
CITY-ST-ZIP ~~ORMOND BEACH, FL 32176~~ Port Orange, FL 32127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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:

Philip Latorre President

Date

Daytime Phone #

1/16/07 / 386-295-3863