


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90009 024 ***150.00

DOCUMENT # P00000091168 1. Entity Name SAH LAT ENTERPRISES FOR HIRE, INC.	
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Principal Place of Business 3465 BONITA BEACH ROAD UNIT 14 BONITA SPRINGS, FL 34134	Mailing Address 761 DC CANEY RIDGE ROAD CLINTWOOD, VA 24228 US
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40047727



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-2973948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GRACE JR, WALTER 4293-A ISLAND CIRCLE FORT MYERS, FL 33919

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LATHEROW, EARL H 761 DC CANEY RIDGE ROAD CLINTWOOD, VA 24228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LATHEROW, DREAMA L 761 DC CANEY RIDGE ROAD CLINTWOOD, VA 24228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LATHEROW, CHRISTOPHER C 303 SE 21ST AVENUE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LATHEROW, KIMBERLY A 934 ROBALO DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u>Earl H Latherow Pres. JD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3/12/08</u> Daytime Phone #: <u>276 835-1112</u>