

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 036 ***150.00

DOCUMENT # P01000092247
 1. Entity Name
 JACK LATVALA, INC.



Principal Place of Business Mailing Address
 8038 OLD CR 54 8038 OLD C.R. 54
 NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2050 Tall Pines Dr 2050 Tall Pines Dr.
 Suite Apt #, etc Suite Apt #, etc
 Suite A Suite A

City & State City & State
 Largo, FL Largo, FL
 Zip Country Zip Country
 33771 Country 33771 Country

03072007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
 59-3743080 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LATVALA, WOODROW J
 8038 OLD CR 54
 NEW PORT RICHEY, FL 34653

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Not Acceptable)
 2050 Tall Pines Drive
 Suite A
 City FL Zip Code
 LARGO, FL FL 33771

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]*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LATVALA, WOODROW J	
STREET ADDRESS	8038 OLD CR 54	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LATVALA, CHRISTOPHER	
STREET ADDRESS	8038 OLD C.R. 54	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2050 Tall Pines Drive	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: *Woodrow J Latvala* 4/24/07 727 545-9566
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #