

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000099261

1. Entity Name
LASSITER LATHING, INC.



Principal Place of Business
115 BELMONT DR.
PALATKA, FL 32177

Mailing Address
115 BELMONT DR.
PALATKA, FL 32177



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3748660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LASSITER, JOSEPH
3121 CARTER LANE
PALATKA, FL 32177

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U000000163572

07/07/04-80008-002 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LASSITER, JOSEPH
115 BELMONT DR.
PALATKA, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LASSITER, OWEN
115 BELMONT DR.
PALATKA, FL 32177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(j), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Lassiter, Pres.

Date

Daytime Phone #

7/2/04 937-1595