


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 018 ***550.00

DOCUMENT # P01000104825	
1. Entity Name LATITUDE 27 REALTY GROUP, INC.	

Principal Place of Business 3890 STATE ROAD 64 EAST BRADENTON, FL 34208	Mailing Address 3890 STATE ROAD 64 EAST BRADENTON, FL 34208
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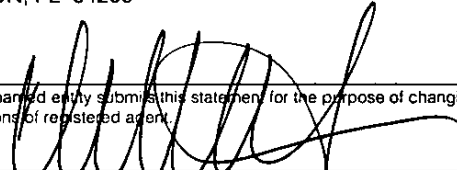
2. Principal Place of Business - No P.O. Box # 5214 SR 64 E.	3. Mailing Address 5214 SR 64 E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bradenton, FL	City & State Bradenton, FL
Zip 34208	Country Manatee
Zip 34208	Country Manatee

06122008 Chg-P CR2E034 (12/06)

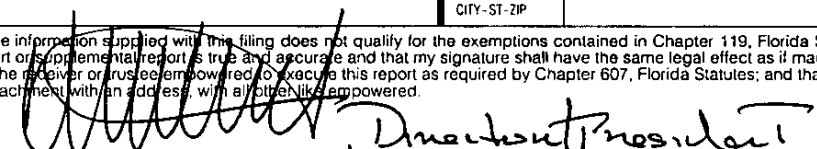
4. FEI Number 90-0001129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDERSEN, ERWIN 3890 STATE ROAD 64 EAST BRADENTON, FL 34208	
7. Name and Address of New Registered Agent Name Charles A. West Street Address (P.O. Box Number is Not Acceptable) 5214 SR 64 E. City Bradenton FL Zip Code 34208	

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 	DATE 6-18-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSEN, ERWIN J 3902 E STATE RD 64 BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE DVS NAME STREET ADDRESS CITY-ST-ZIP	Andersen, Erwin J 5214 SR 64 E. Bradenton, FL 34208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB BROWNING, CHARLES 3890 S.R. 64 BRADENTON, FL 34208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE DP NAME STREET ADDRESS CITY-ST-ZIP	Charles A. West 5214 SR 64 E. Bradenton, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Jacquelyn F. West 5214 SR 64 E. Bradenton, FL 34208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date 6-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

40109568



901-244-2727