

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000122389

1. Entity Name
LACETUR, INC.



Principal Place of Business

**INDIAN ROCKS SHOPPING CNTR., UNIT 12000
12000 INDIAN ROCKS ROAD
LARGO, FL 33774**

Mailing Address

**INDIAN ROCKS SHOPPING CNTR., UNIT 12000
12000 INDIAN ROCKS ROAD
LARGO, FL 33774**



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4203463

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TURRI, MARTIN
INDIAN ROCKS SHOPPING CNTR., UNIT 12000
12000 INDIAN ROCKS ROAD
LARGO, FL 33774**

**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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000481415
04/11/06-80031-018 150.00**

10. OFFICERS AND DIRECTORS

**TITLE PTD
NAME TURRI, MARTIN
STREET ADDRESS INDIAN ROCKS SHOPPING CNTR., UNIT 12000
CITY-ST-ZIP LARGO, FL 33774**

**TITLE VDD
NAME LACEY, DAVID
STREET ADDRESS INDIAN ROCKS SHOPPING CNTR., UNIT 12000
CITY-ST-ZIP LARGO, FL 33774**

**TITLE S
NAME TURRI, SHERRI
STREET ADDRESS INDIAN ROCKS SHOPPING CNTR., UNIT 12000
CITY-ST-ZIP LARGO, FL 33774**

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Regina A. Sallustio 3/24/06 727-595-7911