

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90015 046 \*\*\*150.00

**DOCUMENT # P03000044854**

1. Entity Name

LATURE CONSULTING, INC.



Principal Place of Business

5136 TIMBER RIDGE TR.  
OCOE FL 34761

Mailing Address

5136 TIMBER RIDGE TR.  
OCOE FL 34761



2. Principal Place of Business - No P.O. Box #

5136 Timber Ridge Tr.

Suite, Apt. #, etc.

3. Mailing Address

5136 Timber Ridge Tr.

Suite, Apt. #, etc.

City & State

Ocoee, FL

City & State

Ocoee, FL

Zip

34761

Country

USA

Zip

34761

Country

USA

4. FEI Number

91-2193241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

TORNER, ERROL D  
5136 TENDER RIDGE TRAIL  
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME TURNER, LE TAN  
STREET ADDRESS 5136 TIMBER RIDGE TR.  
CITY - ST - ZIP OCOEE FL 34761

TITLE VD ☐ Delete  
NAME TURNER, ERROL D  
STREET ADDRESS 5136 TIMBER RIDGE TR.  
CITY - ST - ZIP OCOEE FL 34761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 Section 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

MAR 19, 2007 321-663-1174  
Date Daytime Phone #