

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000068116

1. Entity Name
FLA. SITEWORKS INC.



Principal Place of Business
10256 LITTLE MUSTANG WAY
LAKE WORTH, FL 33467

Mailing Address
10256 LITTLE MUSTANG WAY
LAKE WORTH, FL 33467



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4263936

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LATCHMAN, RAVI G
10256 LITTLE MUSTANG WAY
LAKE WORTH, FL 33467

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME LATCHMAN, RAVI G
STREET ADDRESS 10256 LITTLE MUSTANG WAY
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE VP
NAME LATCHMAN, SHAHARAZAAD A
STREET ADDRESS 10256 LITTLE MUSTANG WAY
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000302472
04/13/05-80071-024 150.00

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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)(i), 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

4/08/05 561-644-0211
Date Daytime Phone #