

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000070479

1. Entity Name  
BECCA LASSITER INC.



FILED

2007 FEB 28 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
243 BRAZILIAN CIR  
PORT ST LUCIE, FL 34952

Mailing Address  
243 BRAZILIAN CIR  
PORT ST LUCIE, FL 34952

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0075882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASSITER, REBECCA  
243 BRAZILIAN CIR  
PORT ST LUCIE, FL 34952

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 reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

500092305385  
03/13/07--01006--020 \*\*70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME LASSITER, WILLIAM  
STREET ADDRESS 243 BRAZILIAN CIR  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE VP, S ☒ Change ☐ Addition  
NAME LASSITER, WILLIAM  
STREET ADDRESS 243 BRAZILIAN CIR  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P.T. ☐ Change ☒ Addition  
NAME LASSITER, REBECCA  
STREET ADDRESS 243 BRAZILIAN CIR  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

Rebecca Lassiter

2/26/07

772-530-7456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07