

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # P03000081509

1. Entity Name
NEVER TO LATTE, INC.



05 SEP -6 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1879 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Mailing Address
1879 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308



08302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0704912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLLINS, DENISE
1330 LANDOVER PL
TALLAHASSEE, FL 32311

**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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, DENISE 1330 LANDOVER PL TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLLINS, HUEY 1330 LANDOVER PL TALLAHASSEE, FL 32311
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09/20/05--01003--022 **150.00

**DO NOT WRITE
IN THIS SPACE**

11. Elected SEP - 6 2005

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 an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/05 850-556-9400
Date Daytime Phone #