

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90254 037 ***150.00

DOCUMENT # P05000035931

1. Entity Name
KEVIN MICHAEL LA PUMA, INC.



Principal Place of Business
**720 MAYFLOWER AVE
INVERNESS, FL 34452**

Mailing Address
**720 MAYFLOWER AVE
INVERNESS, FL 34452**

30010030

2. Principal Place of Business
915 E HARTFORD ST
Suite, Apt. #, etc.

3. Mailing Address
915 E HARTFORD ST
Suite, Apt. #, etc.



04062006 Chg-P CR2E034 (11/05)

City & State
HERNANDO FL
Zip
34442

City & State
HERNANDO, FL
Zip
34442

4. FEI Number
20-2528572
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LAPUMA, KEVIN
720 MAYFLOWER AVE
INVERNESS, FL 34452**

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LAPUMA, KEVIN**
STREET ADDRESS **720 MAYFLOWER AVE**
CITY-ST-ZIP **INVERNESS, FL 34452**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **915 E HARTFORD ST**
CITY-ST-ZIP **HERNANDO FL 34442**

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

TITLE ☐ Change ☐ Addition
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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 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

4-28-06 **(352) 726-0062**
Date Daytime Phone #