


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90016 019 ***150.00

DOCUMENT # P05000134660 1. Entity Name VANDERPOOL LATHING, INC.					
Principal Place of Business 10143 SE 149TH LN SUMMERFIELD, FL 34491			Mailing Address 10143 SE 149TH LN SUMMERFIELD, FL 34491		
2. Principal Place of Business - No P.O. Box # 10185 SE 149th Lane		3. Mailing Address 10185 SE 149th Lane			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Summerfield, FL		City & State Summerfield, FL		4. FEI Number 76-0801713	
Zip 34491		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34491		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANDERPOOL, PATRICIA A 10143 SE 149TH LN SUMMERFIELD, FL 34491			7. Name and Address of New Registered Agent Name VANDERPOOL, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 10185 SE 149th Lane City Summerfield FL Zip Code 34491		
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 <u><i>Patricia Vanderpool</i></u> PATRICIA A. Vanderpool, Director <u><i>1-14-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERPOOL, PATRICIA A 10143 SE 149TH LN SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERPOOL, PATRICIA A 10185 SE 149th Lane Summerfield, FL 34491
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERPOOL, JEFFREY H 10143 SE 149TH LN SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERPOOL, JEFFREY H 10185 SE 149th Lane Summerfield, FL 34491
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Patricia Vanderpool</i></u> PATRICIA A. Vanderpool <u><i>1-14-08</i></u> <u><i>352-288-7671</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					