## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000142109 1. Entity Name

LT HOLDINGS GROUP, INC.



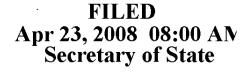
Principal Place of Business

13701 N. NEBRASKA AVE

SUITE 102 TAMPA, FL 33613 Mailing Address

13701 N. NEBRASKA AVE **SUITE 102** 

TAMPA, FL 33613





## DO NOT WRITE IN THIS SPACE

No Chg-P 04182008 CR2E034 (11/05)

4. FEI Number		Applied For
20-5867364		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Red	Additional quired

Daytime Phone ∉

8. Name and Address of Current Registered Agent

TESTA, MARK A 13701 N. NEBRASKA AVE **SUITE 102** TAMPA, FL 33613

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	surpose of changing its regis	stered office or registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	fapplicable (NOTE: Regi	istered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F     Trust Fund Contributi	~ _ \ \ \ _ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The state of the s
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD LOPEZ, MORRIS III 13701 N. NEBRASKA AVE SUITE 102 TAMPA, FL 33613			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD TESTA, DONALD J JR. 16176 COLCHESTER PALMS DR. TAMPA, FL 33647			U00000915271 05/09/08-80009-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AODRESS 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.				