

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5867364

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, MORRIS III
STREET ADDRESS	13701 N. NEBRASKA AVE SUITE 102
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	VSTD
NAME	TESTA, DONALD J JR.
STREET ADDRESS	16176 COLCHESTER PALMS DR.
CITY-ST-ZIP	TAMPA, FL 33647

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000815271
05/09/08-80008-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4/18/08

Date

Daytime Phone # _____