

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142411

Entity Name: UNCLE LOUIE G, INC.

FILED
Jul 17, 2007
Secretary of State

Current Principal Place of Business:

C/O DOUG WHEELWRIGHT
3607 W. DE LEON STREET
TAMPA, FL 336093907

New Principal Place of Business:

8533 GUNN HWY.
TAMPA, FL 33556 US

Current Mailing Address:

C/O DOUG WHEELWRIGHT
3607 W. DE LEON STREET
TAMPA, FL 336093907

New Mailing Address:

PO BOX 61
ODESSA, FL 33556 US

FEI Number: 20-5883196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
HOLCOMB & MAYTS, P.A.
201 N. ARMENIA AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCARPA, JOSEPH
Address: POST OFFICE BOX 61
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SCARPA, JOSEPH A PRES.
Address: POST OFFICE BOX 61
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A. SCARPA

PRES

07/17/2007

Electronic Signature of Signing Officer or Director

Date