


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P13684 1. Entity Name LAT PURSER & ASSOCIATES, INC.	
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Principal Place of Business 4530 PARK RD STE 300 CHARLOTTE, NC 28209-3716 US	Mailing Address 4530 PARK RD STE 300 CHARLOTTE, NC 28209-3716 US
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04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0746765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent F & L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE, FL 32202

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$180.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PURSER, LAT W. III 4530 PARK RD., STE 300 CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, GENEVA 10601 SAN JOSE BLVD, SUITE 119 JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYHEW, MARSHA 4530 PARK ROAD STE 300 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEATHERWOOD, DANIEL 4530 PARK ROAD STE 300 CHARLOTTE, NC 28209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000742108 05/15/07-80055-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: 	4/26/07	704-519-4225
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone</small>