

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90029 002 ***150.00

DOCUMENT # P93000009661 1. Entity Name LITTLE INVESTMENT CORPORATION					
Principal Place of Business 25 HOMESTEAD RD N STE. 11 LEHIGH ACRES, FL 33936 US			Mailing Address 25 HOMESTEAD RD N STE. 11 LEHIGH ACRES, FL 33936 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0384935	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MORGAN, JOHN M 8911 DANIELS PJWY UNIT 6 FORT MYERS, FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOROSCH, EUGEN K 25 HOMESTEAD RD N STE 11 LEHIGH ACRES, FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Goertz, Hildegard 1323 Cordova Ave. Fort Myers, FL 33901	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOROSCH, CONCEPCION M 25 HOMESTEAD RD N STE 11 LEHIGH ACRES, FL 33936	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: <u>Concepción A. Borosch</u> <u>3/6/08</u> <u>239/368-6080</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					