

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000030480

Entity Name: LAGRASTA HOMES, INC.

FILED  
Feb 15, 2009  
Secretary of State

## Current Principal Place of Business:

875 94TH AVE N, UNIT 2  
NAPLES, FL 34108 US

## New Principal Place of Business:

875 94TH AVE N  
NAPLES, FL 34108 US

## Current Mailing Address:

875 94TH AVE N, UNIT 2  
NAPLES, FL 34108 US

## New Mailing Address:

875 94TH AVE N  
NAPLES, FL 34108 US

FEI Number: 65-0406015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAGRASTA, NICHOLAS  
9141 QUARTER MOON DR.  
NAPLES, FL 34109 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: LAGRASTA, NICHOLAS  
Address: 9141 QUARTER MOON DR.  
City-St-Zip: NAPLES, FL 34109

Title: VS ( ) Delete  
Name: LAGRASTA, CILA  
Address: 9141 QUARTER MOON DR.  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NICHOLAS LAGRASTA

PRES

02/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date