

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90025 044 ***150.00

DOCUMENT # P94000011262

1. Entity Name

LATULIP ASSOCIATES, INC.



Principal Place of Business

4365 MARSH BEND
DELAND FL 32724

Mailing Address

4365 MARSH BEND
DELAND FL 32724

2. Principal Place of Business

335 Sandy Bluff Trail

Suite, Apt. #, etc.

3. Mailing Address

335 Sandy Bluff Tr

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Deland FL

Zip
32724

Country

Volusia

City & State

Deland FL

Zip
32724

Country

Volusia

4. FEI Number

59-3223956

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATULIP, JAMES D JR.
4365 MARSH BEND
DELAND FL 32724

7. Name and Address of New Registered Agent

Name -

Street Address (P.O. Box Number is Not Acceptable)

335 Sandy Bluff Trail

City Deland

FL

Zip Code
32724

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LATULIP, JAMES D JR.	
STREET ADDRESS	4365 MARSH BEND	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LATULIP, MARIE S	
STREET ADDRESS	4365 MARSH BEND	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	335 Sandy Bluff Trail	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	335 Sandy Bluff Trail	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marie S. Latulip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #