

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000058686

Entity Name: LATTA AND ASSOCIATES, INC.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

3509 W IOWA AVE  
TAMPA, FL 33611

## **New Principal Place of Business:**

3509 W IOWA AVE  
TAMPA, FL 33611 US

## **Current Mailing Address:**

3509 W IOWA AVE  
TAMPA, FL 33611

## **New Mailing Address:**

3509 W IOWA AVE  
TAMPA, FL 33611 US

FEI Number: 59-3263983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LATTA, JULIE A  
3509 W IOWA AVE  
TAMPA, FL 33611 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

## **OFFICERS AND DIRECTORS:**

Title: PTS  
Name: LATTA, JULIE A PTS  
Address: 3509 W IOWA AVE  
City-St-Zip: TAMPA, FL 33611 US

Title: VP  
Name: LATTA, ROBERT S VP  
Address: 3509 W IOWA AVE  
City-St-Zip: TAMPA, FL 33611 US

I hereby 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 all other like empowered.

SIGNATURE: JULIE A LATTA

PTS

01/05/2011

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

\_\_\_\_\_  
Date