


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

□□□□□□□□ P95000031314 1. Entity Name LAT. 26 INC.	
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Principal Place of Business 312 B HARVEY ST PUNTA GORDA, FL 33950	Mailing Address P.O. BOX 511044 PUNTA GORDA, 33951
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DO NOT WRITE IN THIS SPACE



01252005    □□□□□□    □□□□□□□□□□□□

4. FEI Number <b>65-0580600</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>

6. Name and Address of Current Registered Agent

QUANTICK, WILLIAM F  
 312 B HARVEY ST  
 PUNTA GORDA, FL 33955

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00**

10. OFFICERS AND DIRECTORS	
TITLE	PT
NAME	QUANTICK, WILLIAM F
STREET ADDRESS	P.O. BOX 511044
CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/05-80058-005 150.00

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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: *[Signature]*      \_\_\_\_\_      Date      \_\_\_\_\_      Daytime Phone #      \_\_\_\_\_

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR