

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000073440

FILED
Jan 21, 2009
Secretary of State

Entity Name: LATHROP DEVELOPMENT CORP.

Current Principal Place of Business:

15600 MILAN COURT
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

15600 MILAN COURT
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 34-0767445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, ARLENE H
15600 MILAN COURT
WELLINGTON, FL 33414 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: SD () Delete
Name: PODOR, SUSAN
Address: 12416 DAISY PLACE
City-St-Zip: BRADENTON, FL 34212

Title: VTD () Delete
Name: LINDAUER, LAURA
Address: 18970 EASTWOOD DR
City-St-Zip: CHAGRIN FALLS, OH 44023

Title: SD () Delete
Name: URSO, SUSAN
Address: 16135 WAKE ROBIN DR
City-St-Zip: NEWBURY, OH 44065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHWARTZ, ARLENE H
Address: 15600 MILAN COURT
City-St-Zip: WELLINGTON, FL 33414

Title: VTD (X) Change () Addition
Name: LINDAUER, LAURA J
Address: 12345 PEARL ROAD
City-St-Zip: CHARDON, OH 44024

Title: SD (X) Change () Addition
Name: PODOR, SUSAN
Address: 12416 DAISY PLACE
City-St-Zip: BRADENTON, OH 34212

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: ARLENE H. SCHWARTZ

PD

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date