


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90017 028 ***150.00

DOCUMENT # P97000080145	
1. Entity Name LTGL, INC.	

Principal Place of Business 1256 SEMINOLE DRIVE FT. LAUDERDALE FL 33304	Mailing Address 1256 SEMINOLE DRIVE FT. LAUDERDALE FL 33304
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2. Principal Place of Business - No P.O. Box # 2030 S. 3RD STREET Suite, Apt. #, etc. # 306	3. Mailing Address 2030 S. 3RD STREET Suite, Apt. #, etc. # 306
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1st MOORE CR2E034 (10/06)

City & State JACKSONVILLE BEACH, FL	City & State JACKSONVILLE BEACH, FL
Zip 32250-4017	Zip 32250-4017
Country USA	Country USA

4. FEI Number 65-0832556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YONGE, JAMES 1256 SEMINOLE DRIVE FT. LAUDERDALE FL 33304	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2030 S. 3RD STREET #306 City JACKSONVILLE BEACH FL Zip Code 32250-4017	
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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 	DATE 2-27-07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YONGE, JAMES 1256 SEMINOLE DRIVE FT. LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD YONGE, VANDA 1256 SEMINOLE DRIVE FT. LAUDERDALE FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2030 S. 3RD STREET #306 JACKSONVILLE BEACH, FL 32250-4017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2030 S. 3RD STREET #306 JACKSONVILLE BEACH, FL 32250-4017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 	DATE 2-27-07	DAYTIME PHONE # 904-241-0413
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