## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000081769

Entity Name: LAS CASITAS, ARCHITECTURE & PLANNING, INC.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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2451 BEE RIDGE RD 3277 FRUITVILLE ROAD

SARASOTA, FL 34239 US D-2

SARASOTA, FL 34237 US

**Current Mailing Address: New Mailing Address:** 

2451 BEE RIDGE RD 3277 FRUITVILLE ROAD SARASOTA, FL 34239 US

SARASOTA, FL 34237 US

FEI Number: 65-0805269 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GARCIA, XAVIER E SR GARCIA, XAVIER E SR 2451 BEÉ RIDGE ROAD 3277 FRÜITVILLE ROAD SARASOTA, FL 34239 US SARASOTA, FL 34237 US

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: XAVIER E GARCIA SR 01/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete GARCIA, XAVIER E SR GARCIA, XAVIER E SR Name: Name: 401 N. POINT ROAD UNIT 302 3277 FRUITVILLE ROAD Address: Address: SARASOTA, FL 34237 City-St-Zip: OSPREY, FL 34229 City-St-Zip:

Title: Title: VΡ (X) Change ( ) Addition () Delete

GARCIA, ALICIA E Name: GARCIA, ALICIA E Name: 401 N. POINT ROAD UNIT 302 3277 FRUITVILLE ROAD Address: Address: OSPREY, FL 34229 SARASOTA, FL 34237 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete

HATFIELD, RAY HATFIELD, RAY Name: Name:

1210 RESERVE WAY APT. 105 1210 RESERVE WAY APT. 105 Address: Address:

City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105

Title: (X) Delete Title: () Change () Addition

GARCIA, XAVIER E JR. Name: Address: 2852 JAMAICA STREET Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip:

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: XAVIER E GARCIA SR MR 01/23/2009