

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000038137 1. Entity Name LARRY J. LATOUR, O.D., P.A.	
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Principal Place of Business 15551 N.W. SR 441 UNIT 110 ALACHUA, FL 32615 US	Mailing Address P.O. BOX 2170 ALACHUA, FL 32616 US
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3504605	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATOUR, LARRY J
15551 NW SR 441
UNIT 110
ALACHUA, FL 32615

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

1100000445841
03/07/06 80065-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LATOUR, LARRY J P.O. BOX 2170 N/A/ ALACHUA, FL 32616
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: Larry J. Latour OD PA 2/20/06 386-462-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #