

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 039 ***150.00

DOCUMENT # P98000077374

1. Entity Name
LOUTH GROUP, INC.



Principal Place of Business

~~550 NEAPOLITAN LANE
NAPLES, FL 34103~~

**23878 SANCTUARY LAKES CT.
BONITA SPRINGS, FL 34134**

Mailing Address

~~550 NEAPOLITAN LANE
NAPLES, FL 34103~~

**23878 SANCTUARY LAKES CT.
BONITA SPRINGS, FL 34134**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOUGLASS, SAMUEL W III

~~550 NEAPOLITAN LANE
NAPLES, FL 34103~~ **23878 Sanctuary Lakes Court
BONITA SPRINGS, FL 34134**

**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

Signature typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

28 April 2004

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCTD
NAME	DOUGLASS, SAMUEL W III
STREET ADDRESS	550 NEAPOLITAN LANE 23878 Sanctuary Lakes Court
CITY - ST - ZIP	NAPLES, FL 34103 BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 April 2004