

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000022311

Entity Name: LTI, INC.

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1219 CREEKVIEW WAY  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

1219 CREEKVIEW WAY  
PONTE VEDRA BEACH, FL 32082 US

**New Mailing Address:**

FEI Number: 59-3559745      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ADAMS, LYNN M ST  
1219 CREEKVIEW WAY  
PONTE VEDRA BEACH, FL 32082 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: AYRES, THOMAS G  
Address: 747 MARSHVIEW DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP  
Name: ADAMS, PHILLIP M  
Address: 1219 CREEKVIEW WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST  
Name: ADAMS, LYNN M  
Address: 1219 CREEKVIEW WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 all other like empowered.

SIGNATURE: LYNN M. ADAMS

ST

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date