


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # V03590
 1. Entity Name
 LATHAM GROVES & TIMBER, INC.



Principal Place of Business 1310 E LEMON ST LAKELAND, FL 33801	Mailing Address P.O. BOX 2901 LAKELAND, FL 33806-2901
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3103323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LATHAM, LOIS
 1616 MONEREY LANE
 LAKELAND, FL 33813

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATHAM, ROBERT C. 1310 E LEMON STREET LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLEY, TRACY L. 1616 MONTEREY LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNYDER, MARY CAROL 1616 MONTEREY LANE LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATHAM, LOIS 1616 MONTEREY LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/08/07-80030-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tracie Carley 1-29-07 863-647-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #