

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321688

Entity Name: LOTSPEICH CO. OF FLORIDA, INC.**Current Principal Place of Business:**6351 NORTHWEST 28 WAY
STE A
FT LAUDERDALE, FL 33309**Current Mailing Address:**6351 NORTHWEST 28 WAY
STE A
FT LAUDERDALE, FL 33309 US**FEI Number:** 59-1171393**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEE, DAVID H
6351 NORTHWEST 28 WAY
STE A
FT LAUDERDALE, FL 33309 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	FEE, DAVID
Address	2782 NE 27TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33306

Title	PRES
Name	FEE, MICHAEL
Address	2440 NE 26TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VP
Name	TRIBBLE, MARK
Address	6351 NW 28TH WAY, SUITE A
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	VP
Name	LIGON, JERRY
Address	2600 SPANISH RIVER ROAD
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	FEE, JEFF
Address	6351 NW 28TH WAY, SUITE A
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	EVP
Name	GORDON, ROBERT
Address	6351 NW 28TH WAY, SUITE A
City-State-Zip:	FORT LAUDERDALE FL 33309

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: MICHAEL FEE**PRESIDENT****01/17/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date