

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90034 049 ***150.00

DOCUMENT # P05000052621

1. Entity Name
ONE, TWO, THREE FLOOR, INC



Principal Place of Business

**2257 VISTA PKWY
UNIT 11
WEST PALM BEACH, FL 33411**

Mailing Address

**2257 VISTA PKWY 14936 22 RD N
UNIT 11 LOXAHATCHEE, FL
WEST PALM BEACH, FL 33411**

33470 40052776



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
41-2174581

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPARKS, JOHN E
14936 22ND RD N
LOXAHATCHEE, FL 33470**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**DP
SPARKS, JOHN E
14936 22ND RD N
LOXAHATCHEE, FL 33470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MARTINEZ, COLLEEN A
2220 NW 69 TERR
MARGATE, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CELETTI, CHRISTINE C
11520 NW 31ST ST
SUNRISE, FL 33323**

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 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, my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SPARKS

3-10-08

541-6833123

Date

Daytime Phone #