


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-12-2006 90105 033 ***150.00

DOCUMENT # P05000152716
 1. Entity Name
FLORO, INC.



Principal Place of Business: 1517 FULFORD ROAD, MONTICELLO FL 32344 US
 Mailing Address: 1517 FULFORD ROAD, MONTICELLO FL 32344 US

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/05)

4. FEI Number: **20-3810123**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
THIEL, NELDA E
1517 FULFORD ROAD
MONTICELLO FL 32344

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THIEL, NELDA E	
STREET ADDRESS	1517 FULFORD ROAD	
CITY - ST - ZIP	MONTICELLO FL 32344	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THIEL, JEFFREY E	
STREET ADDRESS	14265 BAKERWOOD PLACE	
CITY - ST - ZIP	HAYMARKET VA 20169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nelda E. Thiel* - **NELDA E. THIEL** **3/30/06** **656-1472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/20/06