

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674448**

1. Entity Name  
FLOCO ENTERPRISES, INC.



Principal Place of Business  
300 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

Mailing Address  
300 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060



07072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2043659	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**

SHIRAR, DONALD  
300 E ATLANTIC BLVD  
POMPANO BCH, FL 33060

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHIRAR, JUDY
STREET ADDRESS	300 E ATLANTIC BLVD
CITY - ST - ZIP	POMPANO BCH, FL 00000,

TITLE	T
NAME	SHIRAR, DONALD
STREET ADDRESS	300 E ATLANTIC BLVD
CITY - ST - ZIP	POMPANO BCH, FL 00000,

TITLE	VP
NAME	HAWTHORNE, DEBORAH S
STREET ADDRESS	300 E ATLANTIC BLVD
CITY - ST - ZIP	POMPANO BCH, FL

TITLE	S
NAME	SHIRAR, SCOTT
STREET ADDRESS	300 E ATLANTIC BLVD
CITY - ST - ZIP	POMPANO BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/12/07-80002-005 150.00

**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 with an address, with all other officers empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/07

Date

954-943-3121

Daytime Phone #