


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90002 027 ***550.00

DOCUMENT # F07000002406		
1. Entity Name MARIO DESLAURIERS, INC.		
Principal Place of Business 640 CENTRAL RD RYE BEACH NH 03871		Mailing Address 12345 NW 110TH AVE REDDICK FL 32686
2. Principal Place of Business - No P.O. Box # 12345 NW 110th Ave	3. Mailing Address 12345 NW 110th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State Reddick FL	City & State Reddick FL	
Zip 32686	Country MAION	Zip 32686
	Country MAION	

2nd MOORE

CR2E034 (4/08)



4. FEI Number 04-3366282		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DESLAURIERS, MARIO 12345 NW 110TH AVE REDDICK FL 32686		
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST DESLAURIERS, MARIO 12345 NW 110TH AVE REDDICK FL 32686 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mario Deslauriers 9/1/08 508-878-5624