


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

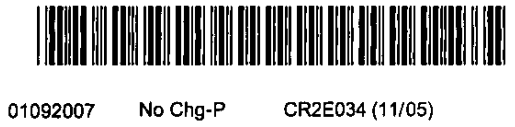
**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F07014**  
 1. Entity Name  
**LA FLEUR'S GYMNAS TIC CLUB, INC.**



Principal Place of Business 8550 126TH AVE. NORTH LARGO, FL 33773 US	Mailing Address 8550 126TH AVE. N LARGO, FL 33773 US
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**DO NOT WRITE IN THIS SPACE**



4. FEI Number <b>59-2034334</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAFLEUR, MICHAEL J PRES**  
**8550 126TH AVE. N.**  
**LARGO, FL 33773**

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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, 2007 Fee will be \$550.00**

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

000000590724  
 01/18/07-80068-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LAFLEUR, MICHAEL J 8550 126TH AVE N. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAFLEUR, MELODY 8550 126TH AVE. N. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LAWSON, KAREN 8550 126TH AVE N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PARRAGA, LAURA 8550 126TH AVE N LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Ikg empowered.

SIGNATURE: Michael J. Fleur MICHAEL LA FLEUR 1-10-07 727 539-8181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Doc # 12 6311