## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # G03343** 

1. Entity Name

FLO-JO ENTERPRISES, INC.



FILED Feb 13, 2008 08:00 AN Secretary of State

Principal Place of Business

2608 SE WILLOUGHBY BLVD STUART, FL 34994 US

Mailing Address

2608 SE WILLOUGHBY BLVD STUART, FL 34994 US



DO NOT WRITE IN THIS SPACE

01022008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2221480 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLMAN, JO 2608 SE WILLOUGHBY BLVD STUART, FL 34994

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	e named entity submits this statement for the putions of registered agent.		<del>, , , , , , , , , , , , , , , , , , , </del>	oth, in the State of Florida. I am familia	
SIGNATURE Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)		re required when reinstating)	DATE ,		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	. U00000825868 02/21/08-80028-011	. 150.00
10.	OFFICERS AND DIRECT	TORS PROPERTY			CONTRACTOR CONTRACTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GILLMAN, JO 5697 SE MAJOR WAY STUART, FL 34997				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELTERMAN, FLORA 2522 SW NUTCRACKER WAY PALM CITY, FL 34990			er in de la company de la La company de la company d	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		- +::'⊌	NOT WRITE	
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TITLE	••			368 PORE - ALEGERIA (CON	

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-19/08

772-341-7800

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