

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90032 046 ***150.00

DOCUMENT # G30209

1. Entity Name
FLORAPERSONNEL, INC.



Principal Place of Business

1740 LAKE MARKHAM
SANFORD
LONGWOOD, FL 32271 US

Mailing Address

C/O LEBOEUF, LAMB, GREEN & MACRAE
50 NORTH LAURA STREET, SUITE 2800
JACKSONVILLE, FL 32202 US

94036955



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2278979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAHRA, ROBERT F.
1740 LAKE MARHAM ROAD
SANFORD
SANFORD, FL 32771

**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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ZAHRA, ROBERT FOKES
~~255 SNOWFIELD RUNS~~
~~LAKE MARY, FL 32746~~

*1740 LK Markham Rd
Sanford, FL 32771*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ZAHRA, ASHLEY MANNING
~~255 SNOWFIELD RUNS~~
~~LAKE MARY, FL 32746~~

same as above

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DEVINE, JUDITH K
1740 LAKE MARKHAM RD.
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #