
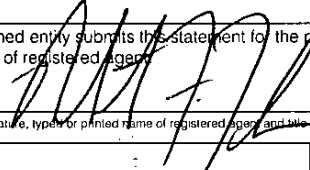
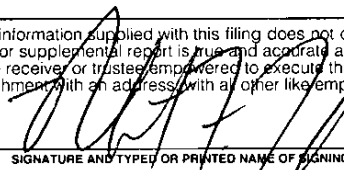


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90069 028 ***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		
2. Principal Place of Business - No P.O. Box # 1740 LAKE MARKHAM		3. Mailing Address Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State		4. FEI Number 59-2278979	
Zip 32771		Country SEMINOLE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAHRA, ROBERT F. 1740 LAKE MARKHAM ROAD SANFORD SANFORD, FL 32771			7. Name and Address of New Registered Agent Name ROBERT F. ZAHRA Street Address (P.O. Box Number is Not Acceptable) 1740 LAKE MARKHAM ROAD City SANFORD FL Zip Code 32771		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP ZAHRA, ROBERT FOKES 1740 2K MARKHAM RD. SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1740 LAKE MARKHAM RD.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZAHRA, ASHLEY MANNING 1740 2K MARKHAM RD. SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1740 LAKE MARKHAM RD.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEVINE, JUDITH K 1740 LAKE MARKHAM RD. SANFORD, FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 #		