

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K48967

Entity Name: FLORIDA LOOK, INC.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

795 ONYX PARKWAY  
DELAND, FL 32724

## New Principal Place of Business:

## Current Mailing Address:

795 ONYX PARKWAY  
DELAND, FL 32724 US

## New Mailing Address:

FEI Number: 59-2952586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSWALD, KENNETH F.  
600 COURTLAND ST.  
SUITE 110  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

OSWALD, KENNETH F.  
222 S. WESTMONTE DRIVE  
SUITE 210  
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALLSCHLAEGER, MARK, A.  
Address: 278 CLUBHOUSE BLVD  
City-St-Zip: NEW SMYRNA BCH, FL

Title: VP ( ) Delete  
Name: NODSLE, HAROLD A  
Address: 4335 GRANT STREET  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WALLSCHLAEGER, MARK, A.  
Address: 107 DONLON DRIVE  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD A NODSLE

VP

05/01/2007

Electronic Signature of Signing Officer or Director

Date