


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L01099
 1. Entity Name
 FLORENCO ENTERPRISES, INC.



Principal Place of Business Mailing Address
 11937 ROSETREE TERRACE 11937 ROSETREE TERRACE
 BOYNTON BEACH, FL 33437 US BOYNTON BEACH, FL 33437 US



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2959084	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CARL & PATRICIA FLORENCO
 11937 ROSETREE TERRACE
 BOYNTON BEACH, FL 33437

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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: *Patricia Florenco* DATE: *1-10-06*

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D FLORENCO, CARL 11937 ROSETREE TERRACE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY ST ZIP	DV FLORENCO, PATRICIA 11937 ROSETREE TERRACE BOYNTON BEACH, FL 33437
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 01/12/06-80035-023 150.00

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 information empowered.

SIGNATURE: *Patricia Florenco VP* DATE: *1-10-06 561 738 6448*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month & Year