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smith and co.

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Secretary of State

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**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L67755			
1. Entity Name FLORENCE FACTOR, P.A.			
Principal Place of Business % FLORENCE FACTOR 846 ANCHOR RODE DR. NAPLES, FL 34103 US		Mailing Address % FLORENCE FACTOR 846 ANCHOR RODE DR. NAPLES, FL 34103 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 65-0199866		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FACTOR, FLORENCE 108 WILDERNESS DR. #132 NAPLES, FL 34105		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 of person or persons registered agent, secretary or president Signature of Registered Agent, when not the president or secretary Signature			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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-STATE-ZIP	D FACTOR, FLORENCE 3430 GULFSHORE BLVD N 3B NAPLES FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FACTOR, BERNARD 3430 GULFSHORE BLVD N 3B NAPLES FL	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	☐ Change ☐ 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 upon attachment with an address, with all other like empowered.			
SIGNATURE: <u>Florence Factor</u> Florence Factor		1/14/08 President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			