# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 21, 2008 8:00 am**
**Secretary of State**
02-21-2008 90029 046 ****75.00

DOCUMENT # N01000007860

1. Entity Name
LAO CARE ORGANIZATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3884 20TH ST. N.<br>ST. PETERSBURG, FL 33714 | 3884 20TH ST. N.<br>ST. PETERSBURG, FL 33714 |

01182008 Chg-NP CR2E037 (12/06)

| 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. FEI Number 80-0005656 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SANANIKONE, BUSH<br>3884 20TH ST. N.<br>ST. PETERSBURG, FL 33714 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>SANANIKONE, BUSH<br>3884 20TH STREET NORTH<br>SAINT PETERSBURG, FL 33714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PV<br>MANIVONG, SOULIKHANH<br>8481 57TH ST., N<br>PINELLAS PARK, FL 33781 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>PV<br>KEO XAYASONE<br>5760 16TH AVE N<br>ST. PETE, FL 33710 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>TANHNOVONG, PHATH<br>4700 2ND AVE. S<br>SAINT PETERSBURG, FL 33714 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>S<br>SOUNE P. PHONGSAVANH<br>4126 46TH ST N<br>ST. PETE, FL 33714 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>LAYSOULIVONY, VIENGKHAM<br>2710 39TH AVE. NORTH<br>SAINT PETERSBURG, FL 33714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BD<br>THAMMAVONG, KARLO S<br>1005 16TH STREET NORTH<br>SAINT PETERSBURG, FL 33705 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NORID, SAMPASAYA<br>2175 25TH AVE. NORTH<br>SAINT PETERSBURG, FL 33713 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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 617, 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:** Bush Sananikone 2/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #