

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011836

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: LLOSS INC.

**Current Principal Place of Business:**

2425 CRANE COURT  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 702504  
ST. CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 20-5850375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMILEY, MARCY  
2425 CRANE COURT  
ST. CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMILEY, MARCY  
Address: 2425 CRANE COURT  
City-St-Zip: ST. CLOUD, FL 34770

Title: VP ( ) Delete  
Name: COURTNEY, MARIA  
Address: 6298 BROSTOL CHANNEL WAY  
City-St-Zip: ORLANDO, FL 32829

Title: T (X) Delete  
Name: GASSERT, DEANNA  
Address: 2720 AMANDA KAY WAY  
City-St-Zip: KISSIMMEE, FL 34744

Title: RS (X) Delete  
Name: LOCHNER-PRALL, CHERI  
Address: 5235 JONES RD  
City-St-Zip: ST. CLOUD, FL 34772

Title: H ( ) Delete  
Name: SAMPSON, GINNY  
Address: 1422 HIDDEN OAKS BEND  
City-St-Zip: ST. CLOUD, FL 34771

Title: CS (X) Delete  
Name: WRIGHT, MELISSA  
Address: 6460 HICKORY TREE RD  
City-St-Zip: ST. CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: RELYEA, MICHAEL  
Address: 511 W. EMMENT ST  
City-St-Zip: KISSIMMEE, FL 34741

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCY SMILEY

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date