# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 02, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # N31591

1. Entity Name
LAUREN INTERNATIONAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| EVALYN NOEL<br>3711 TROUTRIVER BLVD<br>JACKSONVILLE, FL 32208 | LAUREN STALNECKER C/O EVALYN NOEL<br>3711 TROUTRIVER BLVD<br>JACKSONVILLE, FL 32208 US |

**DO NOT WRITE IN THIS SPACE**

07012004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2981750
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STALNECKER, LAUREN H.
3711 TROUTRIVER BLVD
JACKSONVILLE, FL 32208

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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 _____ 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 September 8, 2004**

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

U00000163036
07/02/04-80001-018 61.25

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | STALNECKER, LAUREN H. |
| STREET ADDRESS | 9040 SHOREHAM DR |
| CITY-ST-ZIP | LOS ANGELES, CA 90069 |
| TITLE | D |
| NAME | GRIFFIN, J. SHULER |
| STREET ADDRESS | 1676 OLD MILL STREAM |
| CITY-ST-ZIP | CORDOVA, TN |
| TITLE | D |
| NAME | STALNECKER, BETTE P. |
| STREET ADDRESS | 234 LACKEY LANE |
| CITY-ST-ZIP | RIPLEY, TN |
| TITLE | D |
| NAME | MILWID, ANDY |
| STREET ADDRESS | 246 BEAVER POINT |
| CITY-ST-ZIP | DADEVILLE, AL 368532802 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Lauren H. Stalnecker 904 768 6486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #