2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

ANNOAL ILL OIL				Secretary or State		
1. Entity Nam		1137		04-	-27-2006 90168 031 ****61.	25
THE LOO	PER GROUP, INC.					
Principal Place 100 FIRST AV		Mailing Address 100 FIRST AVE S STE 477		3.0		
	RSBURG, FL 33701-4311	SAINT PETERSBURG, FL	33701-4311			
2. Principal P	Second Ave H	3. Mailing Address	ен		111 11111 11111 11111 11111 11111 11111 1111	
	e 300	Suite, Apt. #, etc.	- 11.	` `	g-NP CR2E037 (11/05)	
	retersours, rc	Sajut Petersbur		4. FEI Number 59-3386876	Not	Applicable
33701-		33701-3338	Country	5. Certificate of Sta	- Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name			
CARLSON, ERIC P 100 FIRST AVE. S.			Street Address (P _F Q. Box Number is Not Acceptable)			
SUITE 477 SAINT PETERSBURG, FL 33701-4311			100 Secons Ave A			
0,			CitySB-DCH	cute 300 t Petusburs	FL Zip Code	-3338
	named entity submits this statement to	or the purpose of changing its re			he State of Florida I am familiar with, a	
110 05/1gat	Phi P (4/24/1	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE F	Registered Agent signature req		DATE DATE	
		9. Election Camp				
	Due by May 1, 2006	Trust Fund Co	eaign Financing ntribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of Sta	
10.	OFFICERS AND DI	Trust Fund Cor		Added to Fees		ate
10. IITLE NAME STREET ADDRESS		Trust Fund Cor	ntribution.	Added to Fees	Florida Department of Sta	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PD JOHANSSON, KARL 80 BEACH DRIVE NE SAINT PETERSBURG, FL 3370	Trust Fund Cor	11. ITHE NAME STREET ADDRESS CITY-SI-ZIP	Added to Fees ADDITIONS/CHANGE	Florida Department of States TO OFFICERS AND DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND DI PD JOHANSSON, KARL 80 BEACH DRIVE NE	Trust Fund Cor	11. ITILE NAME STREET ADDRESS CITY-SI-ZIP ITILE	Added to Fees ADDITIONS/CHANGE	Florida Department of States TO OFFICERS AND DIRECTORS IN Change	10
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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 it made under oath; that I am an officer or director of the corporation or the receiver or Mustee 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.

CITY-ST-ZIP

STREET ADORESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

24/06 727-821-5166 Daytane Phone #

Change

■ Addition