


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000107134</b>					
<b>1. Entity Name</b> FLO-RONKE, INC.					
<b>Principal Place of Business</b> 1513 EAST ELLICOTT STREET TAMPA, FL 33610			<b>Mailing Address</b> 1513 EAST ELLICOTT STREET TAMPA, FL 33610		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3757029	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  AKINTOLA, FLORENCE 1613 PROWMORE DRIVE BRANDON, FL 33511			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE: <u><i>Florence Akintola</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>8/3/07</u>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKINTOLA, FLORENCE 1513 EAST ELLICOTT STREET TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500107463655</b> 08/07/07--01051--005 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrator/owner 1513 E. Ellicott St Tampa, FL 33610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b> <u><i>Florence Akintola</i></u> <b>FLORENCE AKINTOLA</b>			Date: <u>8/3/07</u> Daytime Phone # _____		

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08032007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable