

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90172 041 ***150.00

DOCUMENT # P01000107134 1. Entity Name FLO-RONKE, INC.			
Principal Place of Business 1513 EAST ELLICOTT STREET TAMPA, FL 33610		Mailing Address 1513 EAST ELLICOTT STREET TAMPA, FL 33610	
2. Principal Place of Business - No P.O. Box # Flo-Ronke Inc Suite, Apt. #, etc. 1513 E. Ellicott St City & State Tampa, FL Zip 33610		3. Mailing Address Flo-Ronke Inc Suite, Apt. #, etc. 1513 E. Ellicott St City & State Tampa, FL Zip 33610	
4. FEI Number 59-3757029		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AKINTOLA, FLORENCE 1613 PROWMORE DRIVE BRANDON, FL 33511 		7. Name and Address of New Registered Agent Name Florence Akintola Street Address (P.O. Box Number is Not Acceptable) 1513 E. Ellicott St City Tampa State FL Zip Code 33610	
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 4/30/08 <small>Signature typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADMD AKINTOLA, FLORENCE 1513 EAST ELLICOTT STREET TAMPA, FL 33610	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.			
SIGNATURE:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	