

2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

07 APR 24 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JSK

DOCUMENT # P03000004586

1. Entity Name
LAURA'S WHOLESale FAMOUS DESIGNER
FRAGRANCES, INC.



Principal Place of Business
PO BOX 1166
MONTICELLO, FL 32345

Mailing Address
PO BOX 1166
MONTICELLO, FL 32345

2. Principal Place of Business - No P.O. Box #

9160 Shadycrest Ln

3. Mailing Address

9160 Shadycrest Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)

City & State

Tall, FL

City & State

Tall, FL

Zip

32312

Country

Leop

Zip

32312

Country

Leop

4. FEI Number

02-0662599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIXON, LAURA
1417-A CHOWKEEBIN NENE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

400099180004

04/27/07--01030--005 **150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIXON, LAURA
STREET ADDRESS 1417-A CHOWKEEBIN NENE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME DIXON, ROBERT
STREET ADDRESS 1417-A CHOWKEEBIN NENE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Dixon, Laura
STREET ADDRESS 9160 Shadycrest Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE D
NAME Robert, Dixon
STREET ADDRESS 9160 Shadycrest Lane
CITY-ST-ZIP Tallahassee, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #