

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000004586

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



FILED

2008 APR 29 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9160 SHADY CREST LANE
TALLAHASSEE, FL 32312 US

Mailing Address
9160 SHADY CREST LANE
TALLAHASSEE, FL 32312 US

2. Principal Place of Business - No P.O. Box #
3258 Belle Meade Tr.
Suite, Apt. #, etc.

3. Mailing Address
3258 Belle Meade Tr.
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32311

Country
Leon

Zip
32311

Country
Leon



04292008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent
Name
Laura, Dixon
Street Address (P.O. Box Number is Not Acceptable)
3258 Belle Meade Trail
City
Tallahassee FL Zip Code
32311

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	PD DIXON, LAURA 9160 SHADY CREST LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Laura Dixon 3258 Belle Meade Tr. Tallahassee, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIXON, ROBERT 9160 SHADY CREST LANE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dixon Robert 3258 Belle Meade Trail Tallahassee, FL 32311	<input checked="" 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	100126940051 04/30/08--01002--006 **150.00	<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

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: Laura E. Dixon Date 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR