

2006 FOR PROFIT CORPORATION ANNUAL REPORT


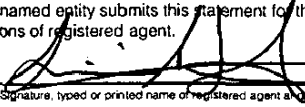
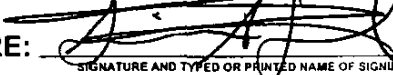
FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90469 041 ***150.00

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000090271					
1. Entity Name GREIVIN LAURENT FLOORING, INC.					
Principal Place of Business 6938 APPALOSSA DR LAKELAND, FL 33811 US			Mailing Address 6938 APPALOSSA DR LAKELAND, FL 33811 US		
2. Principal Place of Business 6935 Appalossa Dr.		3. Mailing Address 6935 Appalossa Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 20-1238034	
Zip 33811		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAURENT, GREIVIN 817 TRINA LANE LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name LAURENT GREIVIN Street Address (P.O. Box Number is Not Acceptable) 6935 Appalossa Drive City Lakeland FL Zip Code 33811		
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.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAURENT, GREIVIN		NAME		
STREET ADDRESS	817 TRINA LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAURENT, JACQUELINE		NAME		
STREET ADDRESS	6935 APPALOOSA DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33811		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 a power of attorney.					
SIGNATURE: 		President		4-28-06 863-370-8712	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	