


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000090271
 1. Entity Name
 GREIVIN LAURENT FLOORING, INC.



Principal Place of Business 6935 APPALOSSA DR LAKELAND, FL 33811 US	Mailing Address 6935 APPALOSSA DR LAKELAND, FL 33811 US
---	---

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1238034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAURENT, GREIVIN
 6935 APPALOSSA DR
 LAKELAND, FL 33811

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LAURENT, GREIVIN 817 TRINA LANE LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LAURENT, JACQUELINE 6935 APPALOOSA DR LAKELAND, FL 33811
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	

U00000759030
 05/24/07-80026-008 150.00

DO NOT WRITE IN THIS SPACE

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:  **Greivin Alonzo Laurent** ^{President} **4/30/07** ⁸⁶³⁻ **370-8711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TL D... C... PL...