

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90134 016 ***150.00

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

2. Principal Place of Business - No P.O. Box #: 3581 MARSH WREN ST.
 3. Mailing Address: 3581 MARSH WREN ST.
 Suite, Apt. #, etc.



04282008 Chg-P CR2E034 (12/06)

City & State: LAKELAND Florida
 Zip: 33811 Country: US

4. FEI Number: 20-1238034 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAURENT, GREIVIN
 6935 APPALOSSA DR
 LAKELAND, FL 33811

7. Name and Address of New Registered Agent
 Name: LAURENT, GREIVIN
 Street Address (P.O. Box Number is Not Acceptable): 3581 MARSH WREN ST.
 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: *Laurent* DATE: 4-29-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAURENT, GREIVIN	
STREET ADDRESS	817 TRINA LANE	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAURENT, JACQUELINE	
STREET ADDRESS	6935 APPALOOSA DR	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurent Greivin	
STREET ADDRESS	3581 MARSH WREN ST.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURENT JACQUELINE	
STREET ADDRESS	3581 MARSH WREN ST.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Laurent vice president* DATE: 4-29-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FL Dept of State