


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90134 016 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000090271</b>                   |  |
| 1. Entity Name<br>GREIVIN LAURENT FLOORING, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>6935 APPALOSSA DR<br>LAKELAND, FL 33811 US | Mailing Address<br>6935 APPALOSSA DR<br>LAKELAND, FL 33811 US |
|---|---|

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|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>3581 Marsh Wren St.</b> | 3. Mailing Address<br><b>3581 Marsh Wren St.</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                              |


|   |   |
|---|---|
| City & State<br><b>Lakeland Florida</b> | City & State<br><b>Lakeland Florida</b> |
| Zip<br><b>33811</b>                     | Zip<br><b>33811</b>                     |
| Country<br><b>US</b>                    | Country<br><b>US</b>                    |

04282008 Chg-P CR2E034 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>20-1238034 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

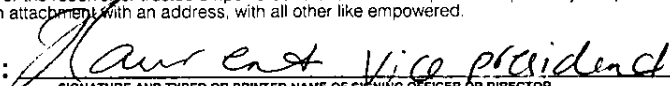
|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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|--|--|
| 6. Name and Address of Current Registered Agent<br><br>LAURENT, GREIVIN<br>6935 APPALOSSA DR<br>LAKELAND, FL 33811   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>Laurent, Greivin</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3581 Marsh Wren St.</b><br>City <b>Lakeland</b> FL Zip Code <b>33811</b> |  |

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|---|---------------------|
| 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 <b>4-29-08</b> |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                     |

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|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LAURENT, GREIVIN<br>817 TRINA LANE<br>LAKELAND, FL 33809 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Laurent Greivin<br>3581 Marsh Wren St.<br>Lakeland FL 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>LAURENT, JACQUELINE<br>6935 APPALOOSA DR<br>LAKELAND, FL 33811 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Laurent Jacqueline<br>3581 Marsh Wren St.<br>Lakeland FL 33811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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| 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:    | DATE <b>4-29-08</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                     |

FL Dept of State