

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-14-2005 90083 001 ***150.00

F07-14-2005 90083 002 *****8.75

SECRETARY
DIVISION OF 1 P04000122404

05 JUL 29 AM 9:03

DOCUMENT # P04000122404

1. Entity Name
LO'S SERENDIPITY, INC



Principal Place of Business
416 19TH STREET
VERO BEACH, FL 32960

Mailing Address
416 19TH STREET
VERO BEACH, FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1537324

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAY, LOIS JACKSON
416 19TH STREET
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Lois Jackson Ray President Lois Jackson Ray P July 11, 2005

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAY, LOIS JACKSON	
STREET ADDRESS	416 19TH STREET	
CITY-ST-ZIP	VERO BEACH, FL 32960	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray, Robert James	
STREET ADDRESS	755 West State 434	
CITY-ST-ZIP	Longwood FL 32750	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Niki R Driscoll	
STREET ADDRESS	416 19th Street	
CITY-ST-ZIP	VERO BEACH FL 32960	
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 exemption stated in Section 119.07(3)(i), 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: Lois Jackson Ray Lois Jackson Ray July 11, 2005 772-563-4886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #