2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						7-90445-00 1 -4	\$150.00 ₋ \$150.0)+ O	
DOCUMENT # P04000122404 1. Enlity Name LO'S SERENDIPITY, INC					3/19/2007-90445-001-6150.00 * 3/19/2007-90445-002-58/76-\$8-76) 07 JUL 13 PH 12: 06 SECINE TO STATE TALLAHASSEE, FLORIDA				
416 19TH STREET 4		Maiting Address 416 19TH STREET VERO BEACH FL 32960					SSEE, FLOF		
2. Principal P	lace of Business - No P.O Box #	3. Mailing Address	iling Address						
Suite, Apt. #, etc.		Suite. Apt. #. etc.		15	MOORE	CR2E034 (10	/06)		
City & State		City & State					plied For Applicable		
Zip	Country	Zip	Count	iry		o of Status Desiron	Fee	75 Add Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	d Address of New	Registered Agen	4	
RAY, LOIS JACKSON 416 19TH STREET VERO BEACH FL 32960				Stroot Address (P.O. Box Number is Not Acceptable)					
			:	Clay			FL Zip Coda		
8. The above named entity strimits 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 o'vived name of registered agent and lite i' spokcable. (NOTE: Registered Agent signature required when nemblaning) OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					i		paign Financing ontribution.		00 May Be d to Fees
10,	OFFICERS AND (11.		ADDITIONS	/CHANGES TO 0	FFICERS AND DIR		
TITLE NAME STREET ADDRESS CITY-ST-ZDP	RAY, LOIS JACKSON 416 19TH STREET VERO BEACH FL 32960	☐ Delete						Change	☐ Addition
THEE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, ROBERT JAMES 755 WEST STATE 434 LONGWOOD FL 32750) Deficies		1				Change	☐ Addiffon
NAVE SIPETI ADDRESS CITY ST-289	ST DRISCOLL, NIKI R 416.19TH STREET VERO BEACH FL 22960	Delete		ET ADDRESS				Change	Addition
TITLE NAME SIFFE! ADDRESS CITY-SE-ZIP		Codeta		i			0	Change	Addition
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TITLE HAME SINTEL ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE				0	Change	☐ Addition
12. I hereby certify that the information supplied with this filing doos not qualify for the exemptions contained in Section 1.19. 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 eath; 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: 10 1 1 2 C K 50 1 1 Part Scown Types on Printing Make of Schools Officer on Opinic Con Scown Types on Printing Prints									

Lois Jackson Ray 416 19th Street Vero Beach, Florida 772-563-4885

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL. 32314 July 10, 2007

Subject: Lo's Serendipity, Inc.

Reference #: PO40000122404

Dear Sir/Madam:

I received your correspondence dated March 22, 2007 in which you acknowledged receipt of my "check(s) totaling \$158.76".

The letter continued, "however, the report has not been filed..."

A copy of my report was returned to me as it must be signed by an officer.

(I enclose a copy of this letter and it's enclosure of my report.)

This report was signed by me, Lois Jackson Ray, on March 8, 2007.

It also shows that Lois Jackson Ray is President of Lo's Serendipity, inc.

My accountant could see nothing wrong with my report, and told me to return it to your office.

I trust it meets with your expectations.

eis Jackson Ray

Sincerely,

Lois Jackson Ray

President

Lo's Serendipity, Inc.