

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 041 ***150.00

DOCUMENT # P04000128431					
1. Entity Name LAURA FAUGHN ENTERPRISES, INC.					
Principal Place of Business 5850 EDGEWATER DR ORLANDO, FL 32810			Mailing Address P. O. BOX 1861 SANFORD, FL 32772		
2. Principal Place of Business - No P.O. Box # 31550 Longacres Rd		3. Mailing Address P.O. Box 471005			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sorrento FL		City & State Lake Monroe FL		4. FEI Number 42-1644849	
Zip 32774		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAUGHN, LAURA 1590 MADISON IVY CIRCLE APOPKA, FL 32712			7. Name and Address of New Registered Agent Name: ONEIL FAUGHN Street Address (P.O. Box Number is Not Acceptable): 31550 Longacres Rd City: Sorrento FL Zip Code: 32774		
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: <i>[Signature]</i> DATE: 7-17-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FAUGHN, LAURA STREET ADDRESS 1590 MADISON IVY CIRCLE CITY-ST-ZIP APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP NAME KETCHERSID, TIFFANY J STREET ADDRESS 1590 MADISON IVY CIRCLE CITY-ST-ZIP APOPKA, FL 32712	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SEC NAME FAUGHN, ONEIL STREET ADDRESS P. O. BOX 1861 CITY-ST-ZIP SANFORD, FL 32772	<input type="checkbox"/> Delete		TITLE P NAME FAUGHN ONEIL STREET ADDRESS PO Box 471005 CITY-ST-ZIP Lake Monroe FL 32747-1005	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-17-07 Daytime Phone #: 4072921195		