


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000007963 1. Entity Name LOTS A FLORIDA INC.	
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Principal Place of Business 13135 NE 4TH TER OKEECHOBEE, FL 34973	Mailing Address 3260 US HWY 441 S. UNIT #200 OKEECHOBEE, FL 34974
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DO NOT WRITE IN THIS SPACE



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 69-3796276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHREIBER, CHARLES 4310 10TH AVE N LAKE WORTH, FL 33461
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P,T WOLOSKI, JOHN R 13135 NE 4TH TER OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,S DRAUGHN-WOLOSKI, LINDA E 13135 NE 4TH TER OKEECHOBEE, FL 34973
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VIRGINIA N. WOLOSKI 3260 US HWY 441 S, UNIT #200 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MICHAEL J. J. WOLOSKI 3260 US HWY 441 S, UNIT # 200 OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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02/13/07-80068-017 150.00

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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 the empowered.

SIGNATURE: <i>John Woloski - Pres</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>2/1/07</i> Daytime Phone #: <i>561-301-5055</i>
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