


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90199 049 \*\*\*150.00

<b>DOCUMENT # P05000159580</b> 1. Entity Name <b>PRIVE &amp; LONGO FLOORS INC.</b>					
Principal Place of Business <b>512 ORANGEDRIVE #33 ALTAMONTE SPRINGS, FL 32701</b>			Mailing Address <b>512 ORANGEDRIVE #33 ALTAMONTE SPRINGS, FL 32701</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PRIVE, TONYA L 512 ORANGE DRIVE #33 ALTAMONTE SPRINGS, FL 32701</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <u><i>Tonya L Prive</i></u> <span style="float: right;">03/01/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PRIVE, TONYA L	NAME			
STREET ADDRESS	512 ORANGE DRIVE # 33	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LONGO, EMANUEL JR	NAME			
STREET ADDRESS	512 ORANGE DRIVE # 33	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> <u><i>Tonya L Prive</i></u> <span style="float: right;">03/01/06 802-324-6372</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03012006 Chg-P CR2E034 (11/05)

4. FEI Number **56-2551015** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**