

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 07, 2007 8:00 am
Secretary of State

09-07-2007 90002 045 ***150.00

DOCUMENT # P06000146469

1. Entity Name

FLOORS BY LORI INC



Principal Place of Business

2685 COUNTY ROAD
#673
BUSHNELL FL 33513

Mailing Address

P O BOX 551
BUSHNELL FL 33513



2. Principal Place of Business - No P.O. Box #

2685 CR 673
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 551
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

Bushnell

Zip
33513

Country
U.S.A.

City & State

Bushnell, FL

Zip
33513

Country
U.S.A.

4. FEI Number

205933052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONNEAU, RICHARD A CPA
1106 W INDIANTOWN ROAD
SUITE 3
JUPITER FL FL

7. Name and Address of New Registered Agent

Name
Lori Rockwell

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

2685 CR 673

City
Bushnell

FL

Zip Code
33513

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

Lori Rockwell

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROCKWELL, LORI
PO BOX 551
BUSHNELL FL 33513 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
2685 CR 673
Bushnell, FL 33513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
No changes

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Rockwell

9/5/07. (407)209-9468