

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000000977**

1. Entity Name  
**GREG LAUGHREY INC.**



Principal Place of Business  
**5000 E IRLO BRONSON HWY  
SAINT CLOUD, FL 34771**

Mailing Address  
**5000 E IRLO BRONSON HWY  
SAINT CLOUD, FL 34771**



01082008 No Chg-P. CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3426234** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LAUGHREY, GREG  
5000 E IRLO BRONSON HWY  
SAINT CLOUD, FL 34771**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	PSTD LAUGHREY, GREG 5000 E IRLO BRONSON HWY SAINT CLOUD, FL 34771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAUGHREY, SANDRA 5000 E IRLO BRONSON HWY SAINT CLOUD, FL 34771
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000000733067  
01/24/08-80034-005-150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *X Greg Laughrey* 1-18-08 407-346-7722  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #