2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000030143



FILED Feb 16, 2007 08:00 A Secretary of State

Principal Place of Business

FLOROSA INVESTMENTS, INC.

Mailing Address

1350 E. JOHN SIMS PKWY. NICEVILLE, FL 32578 1350 E. JOHN SIMS PKWY. NICEVILLE, FL 32578



00	NOT	WRITE	IN THIS	SPACE
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02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3445015

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINGER, JOHN W JR. 1350 E. JOHN SIMS PKWY. NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

			IN TINO OF AGE						
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									
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINGER, JOHN W JR 1350 E JOHN SIMS PKWY NICEVILLE, FL 32578								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000640295 02/28/07-80060-013 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS									

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/01 850240-5161

Daytima Phone #