

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000014821

**Entity Name:** R FLORES AND SONS INC.

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

506 4TH AVENUE  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 822  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

**FEI Number:** 65-0815032

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORES, ROBERTO SR.  
506 4TH AVENUE  
ZOLFO SPRINGS, FL 33890 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVPD  
Name: FLORES, ROBERTO SR.  
Address: 506 4TH AVENUE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: STD  
Name: FLORES, EVA  
Address: 506 4TH AVENUE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D  
Name: FLOREB, ROBERTO JR  
Address: 506 4TH AVE  
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EVA FLORES

STD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date