

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000077505

1. Entity Name

FOCUSED LIGHT ENGRAVING, INC.



Principal Place of Business

**UNIT 147
1987 CORPORATE SQUARE DRIVE
LONGWOOD, FL 32750**

Mailing Address

**UNIT 147
1987 CORPORATE SQUARE DRIVE
LONGWOOD, FL 32750**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3533450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MONTES, MAUREEN F
1987 CORPORATE SQUARE DRIVE
UNIT 147
LONGWOOD, FL 32750**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000613594
02/05/07-80044-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTES, MAUREEN F
STREET ADDRESS	UNIT 147, 1987 CORPORATE SQUARE DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	D
NAME	MONTES, DAVID M
STREET ADDRESS	UNIT 147, 1987 CORPORATE SQUARE DRIVE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Maureen F Montes President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-27-07

Daytime Phone #