

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90424 005 ***150.00

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1. Entity Name

LUXURY LINENS 4 LESS, INC.



Principal Place of Business

2007 CRANE LAKES BLVD.
PORT ORANGE FL 32128

Mailing Address

2007 CRANE LAKES BLVD.
PORT ORANGE FL 32128

2. Principal Place of Business

105 ZACHARY DRIVE N.
Suite, Apt. #, etc.

3. Mailing Address

105 ZACHARY DRIVE N.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

JACKSONVILLE FL 32218

City & State

JACKSONVILLE FL

4. FEI Number

65-0870728

Applied For

Not Applicable

Zip

32218

Country

USA

Zip

32218

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALENFANT, CLAUDE
2007 CRANE LAKES BLVD.
PORT ORANGE FL 32128
105 ZACHARY DRIVE NORTH
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MALENFANT, CLAUDE
STREET ADDRESS 2007 CRANE LAKES BLVD
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE D ☐ Delete
NAME MALENFANT, CLAIRE
STREET ADDRESS 2007 CRANE LAKES BLVD
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Claire Malenfant **CLAIRE MALENFANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2006

Date

904-757-3902

Daytime Phone #