

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S95192**

1. Entity Name  
**FOURLAN, INC.**



Principal Place of Business

**10603 GOOLSBY LANE  
RIVERVIEW, FL 33569**

Mailing Address

**10603 GOOLSBY LANE  
RIVERVIEW, FL 33569**

**DO NOT WRITE IN THIS SPACE**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3094662**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**LANGELIER, JOELLE  
10603 GOOLSBY LANE  
RIVERVIEW, FL 33569**

**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 re-registering)

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**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LANGELIER, JACQUELINE
STREET ADDRESS	909 SYMPHONY BEACH LN
CITY-ST-ZIP	APOLLO BEACH, FL
TITLE	VP
NAME	LANGELIER, MAURICE
STREET ADDRESS	909 SYMPHONY BEACH LN
CITY-ST-ZIP	APOLLO BEACH, FL
TITLE	T
NAME	LANGELIER, PHILIPPE
STREET ADDRESS	505 56TH ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	LANGELIER, JOELLE
STREET ADDRESS	10603 GOOLSBY LANE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80042-004 150.00

**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 \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/07 (813) 741 0781**

Date

Daytime Phone #