## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000119571

1. Entity Name WHITE'S CUSTOM FLOORING, INC.



**FILED** Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

209 LAKE BLVD SANFORD, FL 32773 Mailing Address

209 LAKE BLVD SANFORD, FL 32773



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04102008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 43-1981033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

WHITE, MONTY 209 LAKE BLVD SANFORD, FL 32773

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	ove named entity submits this statement for the parties of registered agent.	ourpose of changing its registered office or regis	itered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATUR	RE	if applicable (NOTE Registered Agent signature requ	ired when reinstating)	DATE
	FILE NOW!!! FEE IS \$150.00 May 1, 2008 Fee will be \$550.00		5.00 May Be dded to Fees	U00000899959 04/29/08-80009-015 150.00
10.	OFFICERS AND DIRECTORS			<del>/////</del>
TITLE	PVST		•	

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10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WHITE, MONTY 209 LAKE BLVD SANFORD, FL 32773				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS C+TY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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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: