

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155746

FILED
May 01, 2008
Secretary of State

Entity Name: IVO FLOOR COVERING, INC.

Current Principal Place of Business:

2403 TED AVENUE SOUTH
LEHIGH ACRES, FL 33971

New Principal Place of Business:

2403 TED AVENUE SOUTH
LEHIGH ACRES, FL 33973

Current Mailing Address:

2403 TED AVENUE SOUTH
LEHIGH ACRES, FL 33971

New Mailing Address:

2403 TED AVENUE SOUTH
LEHIGH ACRES, FL 33973

FEI Number: 20-0501823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
11601 S CLEVELAND AVE
6
FORT MYERS, FL 33907 US

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: TAX HOUSE

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVA, IVO V
Address: 2403 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: D () Delete
Name: DA SILVA, ANGELIN G
Address: 2403 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: D () Delete
Name: BEDELEGUE, EDSON C
Address: 2403 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SILVA, IVO V
Address: 2403 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D (X) Change () Addition
Name: DA SILVA, ANGELIN G
Address: 2403 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: D (X) Change () Addition
Name: BEDELEGUE, EDSON C
Address: 2403 TED AVE S
City-St-Zip: LEHIGH ACRES, FL 33973

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVO V SILVA

P

05/01/2008

Electronic Signature of Signing Officer or Director

Date