

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90001 046 \*\*\*150.00

**DOCUMENT # P04000003864**

1. Entity Name  
**HEADLEY'S FLOORING, INC.**

Principal Place of Business  
**12 MAGNOLIA STREET  
 FLAGLER BCH, FL 32136**

Mailing Address  
**12 MAGNOLIA STREET  
 FLAGLER BCH, FL 32136**

2. Principal Place of Business - No P.O. Box #  
**5405 JOHN ANDERSON HWY**

3. Mailing Address  
**5405 JOHN ANDERSON HWY**

Suite, Apt. #, etc.

City & State  
**FLAGLER BEACH FL**

City & State  
**FLAGLER BEACH FL**

Zip Country  
**32136-4937**

Zip Country  
**32136-4937**



03112007 Chg-P CR2E034 (12/06)

4. FEI Number  
**13-4279437**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HEADLEY, GWENDOLYN ANN  
 12 MAGNOLIA STREET  
 FLAGLER BCH, FL 32136**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5405 JOHN ANDERSON HWY**  
 City **FLAGLER BEACH FL** Zip Code **32136-4937**

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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HEADLEY, PAUL THADIUS 12 MAGNOLIA STREET FLAGLER BCH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5405 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136-4937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul T. Headley **PAUL T. HEADLEY** 3/19/07 (386)439-2809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #