

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90185 044 ***150.00

DOCUMENT # P04000080694

1. Entity Name
MB FLOORING INC.



Principal Place of Business
**7735 FOX BLOOM DR
PORT RICHEY, FL 34668**

Mailing Address
**4103 IRONWARE DRIVE
HOLIDAY, FL 34691**

40001001



2. Principal Place of Business - No P.O. Box #

10128 VINEYARD LN

3. Mailing Address

SAME

01082007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

4. FEI Number

20-1147947

Applied For

Not Applicable

Zip

34668

Country

PASCO

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAKOWSKI, BOGDAN
7735 FOX BLOOM DR
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name **MAKOWSKI BOGDAN**

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

10128 VINEYARD LN

City

PORT RICHEY

FL

Zip Code

34668

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MAKOWSKI, BOGDAN**
STREET ADDRESS **7735 FOX BLOOM DR**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **VP** ☐ Delete
NAME **MAKOWSKI, ELIZABETH**
STREET ADDRESS **7735 FOX BLOOM DR**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

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 **10128 VINEYARD LN**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10128 VINEYARD LN**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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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 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:

MAKOWSKI BOGDAN / PRES.

Date

Daytime Phone #

04-14-07