

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000015902

FILED
Apr 30, 2007
Secretary of State

Entity Name: FRED'S CUSTOM FLOOR COVERING, INC.

Current Principal Place of Business:

2643 59TH AVENUE S.
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2643 59TH AVENUE S.
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 20-0657231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMS, FREDERICK E JR.
2643 59TH AVENUE S.
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMS, FREDERICK E JR.
Address: 2643 59TH AVENUE S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD () Delete
Name: HARMS, PATRICK K
Address: 4997 2ND AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: TD () Delete
Name: HARMS, RYAN F
Address: 2643 59TH AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: SD () Delete
Name: EADES, JOSEPH E
Address: 524 61ST STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: SD () Delete
Name: HARMS, LOUIS C
Address: 2643 59TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HARMS, PATRICK K
Address: 4797 2ND AVE N
City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDERICK E HARMS

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date