2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 674266

1. Entity Name
MACDONALD'S FLOORING, INC.

Principal Place of Business	Mailing Address
3184 N.E. 12TH AVENUE	3184 N.E. 12TH AVENUE
FORT LAUDERDALE, FL 33334	FORT LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

04302008   No Chg-P   CR2E034 (11/05)

4. FEI Number
59-2006447

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

O'CONNELL, BETTY ANNE
270 S.W. 9TH ST.
POMPANO BCH, FL 33060

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000945516
05/30/08-80011-012 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PVD
NAME	OCONNELL, DAVID J
STREET ADDRESS	270 S.W. 9TH ST.
CITY-ST-ZIP	POMPANO, FL
TITLE	STD
NAME	OCONNELL, BETTY A
STREET ADDRESS	270 S.W. 9TH ST.
CITY-ST-ZIP	POMPANO, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-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: ✗ _Betty O'Connell_   SECRETARY 4/30/08 954-463-0361

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