

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP -5 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08302007 Chg-P CR2E034 (12/06)

DOCUMENT # F06000000759	
1. Entity Name A & K FLOORS AND WALLS, INCORPORATED	



Principal Place of Business 213 SOUTH WELLS STREET PANAMA CITY BEACH, FL 32413	Mailing Address 6207 HARMON DRIVE PELL CITY, AL 35128
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2. Principal Place of Business - No P.O. Box # 18400 Panama City Beach Parkway Suite, Apt. #, etc.	3. Mailing Address P.O. Box 7152 Suite, Apt. #, etc.
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City & State Panama City Beach, FL	City & State Panama City Beach, FL
Zip 32413	Zip 32413
Country USA	Country USA

4. FEI Number 63-0648371	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHILDREE, JUNE 213 SOUTH WELLS STREET PANAMA CITY BEACH, FL 32413	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCDANIEL, KAY 6207 HARMON DRIVE PELL CITY, FL 35128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Walter Todd MCDANIEL 213 South Wells Street PANAMA City Beach, FL 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T June W. Childree 213 South Wells Street PANAMA City Beach, FL 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100109149341 09/06/07--01051--002 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: <i>Walter Todd McDaniel</i>	8/30/07	850-249-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Walter Todd McDaniel, President	Date	Da/Time Phone #

9/5/07