


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 009 ***150.00

DOCUMENT # H25153	
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1. Entity Name
FLORIDA FLOORING PRODUCTS, INC.

Principal Place of Business
% AARON J. GOLD, P.A.
704 WEST BAY ST
TAMPA, FL 33606 US

Mailing Address
C/O AARON J GOLD ESQ.
704 WEST BAY ST
TAMPA, FL 33606 US

50001442

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

3. Mailing Address *C/O Aaron J. Gold*



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032008 Chg-P CR2E034 (12/06)

202 S. Rome Ave.

City & State

City & State

Suite 100

4. FEI Number
59-2459587

Applied For
Not Applicable

Zip

Country

Zip

Country

Tampa, FL 33606

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, AARON J.
704 WEST BAY ST
TAMPA, FL 33606

Name *Aaron J. Gold, Esq.*
Street Address (P.O. Box Number is Not Acceptable)
202 S. Rome Ave.
Suite 100
City *Tampa* FL Zip Code *33606*

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)

1/4/08
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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JOHNSON, RICHARD A.
STREET ADDRESS 2075 SWAN LANE
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A JOHNSON PRES. *3/20/08* *813 884 0413*
Date Daytime Phone #