

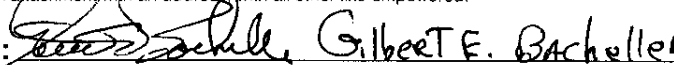


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90068 012 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # H61431 | | | |  | |
| 1. Entity Name TUFCO FLOORING SYSTEMS SALES & SERVICE, INC. | | | | | |
| Principal Place of Business 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547 | | | Mailing Address 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32547 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2587701 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HERNDON, BRAD 909 MAR WALT DRIVE SUITE 1014 FORT WALTON BEACH, FL 32548 | | | | 7. Name and Address of New Registered Agent Name Michelle Anchors Street Address (P.O. Box Number is Not Acceptable) 909 Walt Mar Drive Suite 1014 City Fort Walton Beach FL Zip Code 32547 | |
| 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  (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BACHELLER, GILBERT E | NAME | | | |
| STREET ADDRESS | 10000 QUAPAW LANE 18448 | STREET ADDRESS | | | |
| CITY-ST-ZIP | GARFIELD, AR 72732 <i>Document attached</i> | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
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| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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 address with all other like empowered. | | | | | |
| SIGNATURE:  Gilbert E. Bacheller 28 Feb 07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |



01262007 Chg-P CR2E034 (12/06)