

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 003 ***150.00

DOCUMENT # L55966

1. Entity Name
S.W. FLA. FLOORCRAFTERS, INC.



Principal Place of Business
12890 METRO PWY
FORT MYERS, FL 33912 US

Mailing Address
12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS, FL 33907 US

60035598



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0138948

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROYSTON, ROBERT D J
12670 NEW BRITTANY BLVD
SUITE 101
NAPLES, FL 33907

Name

Street Ac

JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907

City

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 reappointing)

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
NAME
DVP
KNAPP, KEVIN K. ☐ Delete
STREET ADDRESS
14638 AERIES WAY DRIVE
CITY- ST- ZIP
FT. MYERS, FL 33912

TITLE
NAME
NAME ☒ Change ☐ Addition
STREET ADDRESS
15600 Old Wedge wood Ct.
CITY- ST- ZIP
Fort Myers, FL 33908

TITLE
NAME
DPS
SPALLONE, VINCENT ☐ Delete
STREET ADDRESS
481 SW 23RD STREET
CITY- ST- ZIP
NAPLES, FL 34117

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

TITLE
NAME
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
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NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
NAME ☐ Change ☐ Addition
STREET ADDRESS
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

239-872-7016

Daytime Phone #