## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name

ASSOCIATES FLOORING CONTRACTORS, INC.



Principal Place of Business

Mailing Address

34651 APPALOOSA TRAIL ZEPHYRHILLS, FL 33541 34651 APPALOOSA TRAIL ZEPHYRHILLS, FL 33541



DO	NOT	WRI'	TE IN	THIS	SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3014388

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TIPED OR PRINTED NAME OF

BARNARD, BARNEY R. 34651 APPALOOSA TRAIL ZEPHYRHILLS, FL 33541

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			•		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D BARNARD, BARNEY R. 34651 APPALOSSA TRAIL ZEPHYRHILLS, FL				U00000926791 05/20/08-80080-016 150.00		
NAME STHEET ADDRESS CITY: \$1-2IP							
THILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CHY-SI-ZIP							
12. I hereby certify that the information supplied with this filling 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 pier like empowered.							

OFFICER OR DIRECTOR