2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# P00000116403

Entity Name: FLOOR COVERINGS, INC.

Current Principal Place of Business:

2860 22ND AVE. N.
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2860 22ND AVE. N.
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 65-1081959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEALE, PETER S
4065 42ND AVE. SO
SAINT PETERSBURG, FL 33711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HOAMBRECKER, WALT
Address: 6256 28TH TERR. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP ( ) Delete
Name: MANNING, JOSEPH D
Address: 2721 VIA MURANO APT #329
City-St-Zip: CLEARWATER, FL 33764

Title: VP ( ) Delete
Name: MANNING, BRIAN
Address: 245 38TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP ( ) Delete
Name: BEALE, PETER
Address: 4065 42ND AVE S.
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: ST ( ) Delete
Name: PERRY, ALLEN
Address: 5367 46TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SC (X) Change ( ) Addition
Name: PERRY, ALLEN
Address: 5367 46TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT HOAMBRECKER P 01/10/2007

Electronic Signature of Signing Officer or Director Date