## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU	MENT # P010000124	13			200200	51 51 2 total
	Ë FLOORING, INC.					
Principal Place 2205 RIDGE VALRICO, FL	MORE DRIE	Mailing Address 2205 RIDGEMORE DRIE VALRICO, FL 33594		1 (99756)	SS BBISS (HBIS SBIIX EBIII BBHI	. Sekal kere kan ekeel kada kaheek k kada
Ε	O NOT WRITE I		CE	03052006 4. FEI Numb 59-369	No Chg-P	CR2E034 (11/05)  Applied For Not Applied  \$8.75 Additional Fee Required
OTERO, JUAN R 2205 RIDGEMORE DRIVE VALRICO, FL 33594			DO NOT WRITE IN THIS SPACE			
8. The above the obligat SIGNATURE	named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent, and total		ad office or register		xh, in the State of Flor	ida. I am (amiliar with, and acc
Fil. After Ma	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		.00 May Be ed to Fees		
10.  TITLE MAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE PTD OTERO, JUAN R 2205 RIDGEMORE DRIVE VALRICO, FL 33594 SVD OTERO, ONIX R 2205 RIDGEMORE DRIVE VALRICO, FL 33594	CTORS			U000004 04/19/06-1	492467 80067-016 150. <b>0</b> 0
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turker 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 of 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:

STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-06

(81<u>3) 5053963</u>

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