

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044861

Entity Name: WILLIAM UZ FLOORING, INC.

FILED  
Feb 28, 2007  
Secretary of State

## Current Principal Place of Business:

2400 SE VETERANS MEMORIAL PKWY  
SUITE 204  
PORT ST LUCIE, FL 34952

## Current Mailing Address:

3441 SE HART CIR  
PORT ST LUCIE, FL 34984

## New Principal Place of Business:

2400 SE MIDPORT ROAD  
SUITE 204  
PORT ST LUCIE, FL 34952 US

## New Mailing Address:

FEI Number: 65-1102214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UZ, WILLIAM  
3441 SE HART CIR  
PORT ST LUCIE, FL 34984 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: D ( ) Delete  
Name: UZ, WILLIAM  
Address: 3441 SE HART CIR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP ( ) Delete  
Name: ETHERIDGE, DANIEL O  
Address: 3417 SW BEVIL AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP (X) Delete  
Name: ETHERIDGE, DAVID  
Address: 550 SW HOLLY TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D ( ) Delete  
Name: UZ, LISA A DIRECTO  
Address: 3441 SE HART CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34984

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: UZ, WILLIAM PRESID.  
Address: 3441 SE HART CIR  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP (X) Change ( ) Addition  
Name: ETHERIDGE, DAVID V. PRES  
Address: 550 SW SEA HOLLY TERRACE  
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

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

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: LISA A UZ

D

02/28/2007

Electronic Signature of Signing Officer or Director

Date