

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000052414

FILED
Apr 30, 2008
Secretary of State

Entity Name: FAMILY FLOORS, INC.

Current Principal Place of Business:

5342 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5340 GRAND BLVD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5342 GRAND BLVD
NEW PORT RICHEY, FL 34652

New Mailing Address:

5340 GRAND BLVD
NEW PORT RICHEY, FL 34652

FEI Number: 59-3730155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNAPP, JAMES L
6740 OLD MAIN STREET
NEW PORT RICHEY, FL 34653 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: PSD () Delete
Name: KNAPP, JAMES L
Address: 6740 OLD MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: HOVSEPIAN-KNAPP, YEREVAN
Address: 6740 OLD MAIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JAMES L. KNAPP

PSD

04/30/2008

Electronic Signature of Signing Officer or Director

Date