2006 FOR PROFIT CORPORATION

FILED Feb 03, 2006 08:00 AN

ANNUAL REPURI				Secretary of State
DOCUMENT # P01000055465				Secretary of State
1. Entity Name CLEMBO'S FLOOR COVERING INC.				
CLEMBO	rs floor covering inc.			
Principal Plac	ce of Business	Mailing Address		
128 CAPROI	na street	128 CAPRONA STREET		
sebastian,	FL 32958	sebastian, FL 32958		
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				1 01242006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number Applied For
				65-1107867 Not Applicable
				5. Certificate of Status Desired
	6. Name and Address of Current Re	gistered Agent]	
MORENCY, CLEMENT			}	DO NOT WRITE
128 CAPRONA STREET				
SEBASTIAN, FL 32958		{	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.				
the obligations of registered agant.				
SIGNATURE—Signature, typed or printed name of registered agent, and title til applicable (fivOTE; Registered Agent signature required when reinstating). DATE				
		9. Election Campaign Final	neina #E	20.1
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.90 May Be lied to Fees
10.	OFFICERS AND DI	RECTORS	-[
NAME	DP MORENCY, CLEMENT	•		
STREET ADDRESS	128 CAPRONA STREET		<u> </u>	
CRY-ST-ZSF	SEBASTIAN, FL 32958		1	U000011417494 02/13/06-80057-021 150.00
TITLE NAME			ł	OFT TOWNS OFF TOWNERS
STREET AOORESS			Ì	
CITY-ST-ZIP	}		-	
HAME MAME			}	
STREET ADDRESS City-ST-TIP			}	DO NOT WRITE
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NAME			1	IN THIS SPACE
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NAME	}			
STREET ADDRESS CITY-ST-ZIP			1	
TITLE	 		1	
NAME STREET ADDRESS		J	· .	
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12. Thereby certify that the information supplied with this fitting does not qualify for the examptions 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 other like empowered.

CITY-ST-ZIP.