

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 21 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3738193 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GREEN, PHYLLIS F  
1707 SOUTH LENNA AVENUE  
SEFFNER, FL 33584

DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PTD  
NAME GREEN, PHYLLIS F  
STREET ADDRESS 1707 SOUTH LENNA AVENUE  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE SVD  
NAME GREEN, STEVEN L  
STREET ADDRESS 1707 SOUTH LENNA AVENUE  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

05/02/07 60947 008  
145.00  
online payment

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

66004457

2/2

**Dolphin Flooring Contractors, Inc**

**Steve and Phyllis Green**

**1707 South Lenna Avenue**

**Seffner, Fl 33584**

**Land line and Fax #813- 689- 5221**

To: Division of Corporations

P O Box 8800

Tallahassee, Fl 32314

Attention: Gary #4

March 10, 2008

Re: Overpay P01000078223

To whom it may concern,

On May 29,2007 I accidentally paid my corp. tax twice.  
I would like the overage (\$150.00) to be applied with this  
Years return, please.

Sincerely, Phyllis and

Steven Green

Dolphin Flooring Contractors, Inc.