

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091339

Entity Name: RIGHT WAY FLOOR COVERING, INC.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

330 AVE B SW
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1615
WINTER HAVEN, FL 338821615

New Mailing Address:

663 ARROW LANE
KISSIMMEE, FL 34746

FEI Number: 59-3748146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, TRUDI
663 ARROW LANE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

FOSTER, TRUDI L
663 ARROW LANE
KISSIMMEE, FL 34746 US

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: TRUDI L FOSTER

04/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: FOSTER, TRUDI
Address: 663 ARROW LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: V () Delete
Name: FOSTER, CRAIG
Address: 663 ARROW LANE
City-St-Zip: KISSIMMEE, FL 34746

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 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: TRUDI L FOSTER

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04/05/2007

Electronic Signature of Signing Officer or Director

Date