## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000076254**

SELECT FLOORING OF CENTRAL FLORIDA, INC.



## **FILED** May 01, 2006 8:00 am Secretary of State 05-01-2006 90465 019 \*\*\*150.00

			1					
Principal Place of Business	Mailing Ad	dress	<del></del>					
10055 SHADOWCREEK DRIVE 1		10055 SHADOWCREEK DRIVE Orlando, Fl. 32832		: 				
				Í I (88)(85) (			B 14881 8111 815	
2. Principal Place of Business	3. Mailing	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282006	Chg-P	CR2E03	4 (11/05)	
City & State		City & State		4. FEI Numt				plied For
Zip Country	Zip	Zip Country		5. Certificat	Certificate of Status Desired \$8.75 Additional Fee Required			litional
6. Name and Address of	of Current Registered A			7. Name an	d Address of New F	Registered A	gent	
			Name					
<u>M</u> ONTALBANO, RICHARD 10055 SHADOWCREEK DRIVE ORLANDO, FL 32832			Street Add	dress (P.O. Box Num	per is Not Acceptable	e)	<u>-</u>	:
			City	· <del></del>	<del></del>	FL	Zip Codi	<del></del>
8. The above named entity submits this st	atement for the purpose	of changing its re	enistered office or r	egistered agent, or h	oth, in the State of Flo		milior with	and accept
the obligations of registered agent.  SIGNATURE								
Signature, typed or printed name of re	gistered agent and title if applicable	9. (NOTE:	Registered Agent signature	required when reinstating)		DATE		T
FILE NOW!!! FEE IS \$15 After May 1, 2006 Fee will b	ا ١٠٠٠	lection Campaig rust Fund Contril		\$5.00 May Be Added to Fees				
10. OFFIC	CERS AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS	CHANGES TO OFF	FICERS AND	DIRECTORS	3 IN 11
TITLE P NAME MONTALBANO, RICHA STREET ADDRESS 10055 SHADOWCREEI CITY-ST-ZIP ORLANDO, FL 32832		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <del>- · · - · · ·</del>			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· <del></del>	☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change	Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

12. I hereby certify that the information supplied with this filling 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. President