

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90095 019 ***150.00

DOCUMENT # P02000078188

1. Entity Name

BIGGS FLOOR COVERING INC.



Principal Place of Business

4491 IVORY LANE
MOLINO FL 32577

Mailing Address

4491 IVORY LANE
MOLINO FL 32577



2. Principal Place of Business - No P.O. Box #

4491 Ivory Lane
Suite, Apt. #, etc.
4491 Ivory Lane
City & State
Molono

3. Mailing Address

Molono Florida
Suite, Apt. #, etc.
City & State
Florida

1st MOORE

CR2E034 (10/06)

City & State

Molono

City & State

Florida

4. FEI Number

58-2614815

Applied For

Not Applicable

Zip

32577

Country

Escambia Fl

Zip

32577

Country

Escambia Fl

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGGS, BRENDA
4491 IVORY LANE
MOLINO FL 32577

7. Name and Address of New Registered Agent

Name Brenda Biggs

Street Address (P.O. Box Number is Not Acceptable)

4491 Ivory Lane

City Molono

FL

Zip Code 32577

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

Brenda Biggs

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-2007

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BIGGS, BRENDA	
STREET ADDRESS	4491 IVORY LANE	
CITY - ST - ZIP	MOLINO FL 32577	
TITLE	V	<input type="checkbox"/> Delete
NAME	BIGGS, GARY	
STREET ADDRESS	4491 IVORY LANE	
CITY - ST - ZIP	MOLINO FL 32577	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIGGS, CHAD	
STREET ADDRESS	4491 IVORY LANE	
CITY - ST - ZIP	MOLINO FL 32577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

Brenda Biggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2007

Date

Daytime Phone #