

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90030 048 ***150.00

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1. Entity Name

PROFESSIONAL FLOORING SOURCE, INC.



Principal Place of Business
8200 LAKE ROSS LANE
SANFORD FL 32771

Mailing Address
8200 LAKE ROSS LANE
SANFORD FL 32771



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

7724 FLEMINGWOOD CT.

3. Mailing Address

Same

Suite, Apt. #, etc.

SANFORD, FL. 32771

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

FLORIDA

Zip

Country

4. FEI Number

02-0661353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

LOISEL, ROBERT W
8200 LAKE ROSS LANE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 D ☐ Delete
NAME LOISEL, ROBERT W SR
STREET ADDRESS 8200 LAKE ROSS LANE
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ Delete
NAME LOISEL, LYNNE
STREET ADDRESS 8200 LAKE ROSS LANE
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7724 FLEMINGWOOD CT.
CITY-ST-ZIP SANFORD, FL. 32771

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7724 FLEMINGWOOD CT.
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day the Phone #

Robert W. Loisel Sr. President 3/5/07 407-620-9414