2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000134618

1. Entity Name
ESCALADE FLOORING, INC.

Principal Place of Business	Mailing Address
1318 S. MCDUFF AVENUE	PO BOX 60785
JACKSONVILLE, FL 32205	JACKSONVILLE, FL 32236

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
27-0039956	Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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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	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ENBERG, TAMARA
STREET ADDRESS	1318 S. MCDUFF AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205
TITLE	SVD
NAME	HARRIS, RICHARD B
STREET ADDRESS	1318 S. MCDUFF AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32205

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05/09/07-80093-012 150.00

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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: _Tamara Enberg_   4-21-07   904/388-9328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Tamara Enberg