

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90047 043 \*\*\*150.00

**DOCUMENT # P03000035561**

1. Entity Name  
**BIERLY THOMAS FLOORS, INC.**



Principal Place of Business  
**11000 METRO PARKWAY  
#24  
FORT MYERS, FL 33912**

Mailing Address  
**11000 METRO PARKWAY  
#24  
FORT MYERS, FL 33912**

40016400



2. Principal Place of Business - No P.O. Box #  
**3550 Work Drive**

3. Mailing Address  
**3550 Work Drive**

Suite, Apt. #, etc.  
**Unit B6**

Suite, Apt. #, etc.  
**Unit B6**

01292007 Chg-P CR2E034 (12/06)

City & State  
**Ft Myers FL**

City & State  
**Ft Myers FL**

4. FEI Number  
**56-2335188**

Applied For  
Not Applicable

Zip  
**33916** Country  
**USA**

Zip  
**33916** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**THOMAS, NANETTE  
11000 METRO PARKWAY  
#24  
FORT MYERS, FL 33912**

**7. Name and Address of New Registered Agent**

Name **Thomas Nanette**  
Street Address (P.O. Box Number is Not Acceptable)  
**3550 Work Drive Unit B6**  
City **Ft Myers** **FL** Zip Code **33916**

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: **Nanette Thomas**  
Signature, typed or printed name of registered agent and title if applicable.

**Feb. 5, 2007**  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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 **D** ☐ Delete  
NAME **THOMA, NANETTE**  
STREET ADDRESS **11000 METRO PARKWAY #24**  
CITY-ST-ZIP **FORT MYERS, FL 33912**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3550 Work Drive Unit B6**  
CITY-ST-ZIP **Ft Myers FL 33916**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: **Nanette Thomas**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb. 5, 2007-656-6710**  
Date Daytime Phone #