


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90030 048 ***150.00

DOCUMENT # P03000037001			
1. Entity Name BAREFOOT FLOORING OF CENTRAL FLORIDA, INC.			
Principal Place of Business 518 DOUGLAS AVE 1216 ALTAMONTE SPRINGS, FL 32714		Mailing Address 518 DOUGLAS AVE 1216 ALTAMONTE SPRINGS, FL 32714	
2. Principal Place of Business - No P.O. Box # 6113 Pheasant Ridge Dr. Suite, Apt. #, etc.		3. Mailing Address 6113 Pheasant Ridge Dr. Suite, Apt. #, etc.	
City & State Port Orange, FL Zip 32128 Country USA		City & State Port Orange, FL Zip 32128 Country USA	
4. FEI Number 14-1877878		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CROUSE, RICHARD B 978 DOUGLAS AVE 102 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Alice Teta Street Address (P.O. Box Number is Not Acceptable) 5969 Broken Bow Lane City Port Orange FL Zip Code 32127	
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 Alice Teta, Director <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKEFIELD, ALLEN 6113 PHEASANT RIDGE DRIVE PORT ORANGE, FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TETA, ALICE M 5969 BROKEN BOW LANE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Allen Wakefield, Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Allen Wakefield 3/30/7 386-761-6501 <small>Date Daytime Phone #</small>	