

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90047 039 ***150.00

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1. Entity Name
GULF COAST FLOOR COVERING, INC.



Principal Place of Business
**3553 WORK RD. SUITE A-3
FORT MYERS, FL 33916**

Mailing Address
**3553 WORK RD. SUITE A-3
FORT MYERS, FL 33916**

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

3550 WORK DR.

3. Mailing Address

3550 WORK DR.

Suite, Apt. #, etc.

SUITE A-3

Suite, Apt. #, etc.

SUITE A-3

City & State

FORT MYERS - FL

City & State

FORT MYERS - FL

Zip

33916

Country

USA

Zip

33916

Country

USA

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-0301237

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAX HOUSE CORPORATION
11601 S CLEVELAND AVE #6
FORT MYERS, FL 33907**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ARBIGAUS, TEDI MARK
STREET ADDRESS 535 PRATHER DRIVE
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VD ☐ Delete
NAME ARBIGAUS, JAQUELINE T
STREET ADDRESS 535 PRATHER DRIVE
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE TSD ☐ Delete
NAME SENA, JUCIANE D
STREET ADDRESS 3310 SW 26TH AVENUE
CITY-ST-ZIP CAPE CORAL, FL 33914

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
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/07

239-3440527