2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P03000113725

Entity Name: GULF COAST FLOOR COVERING, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3550 WORK DR. SUITE A-3
FORT MYERS, FL 33916

Current Mailing Address:

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

New Mailing Address:

3550 WORK DR. SUITE A-3
FORT MYERS, FL 33916

FEI Number: 20-0301237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ARBIGAUS, TEDI MARK
Address: 3553 WORK RD., STE A-3
City-St-Zip: FORT MYERS, FL 33916

Title: VD ( ) Delete
Name: ARBIGAUS, JAQUELINE T
Address: 3553 WORK RD., STE A-3
City-St-Zip: FORT MYERS, FL 33916

Title: TD ( ) Delete
Name: SENA, JUCIANE D
Address: 3310 SW 26TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: SD ( ) Delete
Name: MOUTELLA, LUIS ALBERTO
Address: 3187 ANTICA STREET
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARBIGAUS, TEDI MARK
Address: 3550 WORK DR., STE A-3
City-St-Zip: FORT MYERS, FL 33916

Title: VD (X) Change ( ) Addition
Name: ARBIGAUS, JAQUELINE T
Address: 3550 WORK DR., STE A-3
City-St-Zip: FORT MYERS, FL 33916

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAQUELINE VD 04/29/2008
Electronic Signature of Signing Officer or Director Date