

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119978

Entity Name: CANTRELL'S FLOORING, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

619 SE 9TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

765 NE 19TH PLACE
UNIT 8
CAPE CORAL, FL 33909 D

Current Mailing Address:

619 SE 9TH PLACE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 16-1686221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTRELL, STEVE A
619 SE 9TH PLACE
CAPE CORAL, FL 33990 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: D () Delete
Name: CANTRELL, STEVE A
Address: 619 SE 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: CANTRELL, CHRISTY L
Address: 619 SE 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: LINGLE, CHAD A
Address: 715 S.E. 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: D () Delete
Name: SANDERS, ODIE L
Address: 951 POINSETTA DR.
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: STEVE A CANTRELL

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date