

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 044 ***150.00

DOCUMENT # P03000131548 1. Entity Name HENDERSON'S QUALITY FLOORING, INC.					
Principal Place of Business 163 FLAMINGO ROAD EDGEWATER, FL 32141			Mailing Address 163 FLAMINGO ROAD EDGEWATER, FL 32141		
2. Principal Place of Business No. P.O. Box # <i>24613 Holly Road</i>		3. Mailing Address <i>24613 Holly Road</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Astoria FL</i>		City & State <i>Astoria FL</i>		4. FEI Number 20-1889705	
Zip <i>32102-2219</i>		Country <i>U.S.A.</i>		Applied For Not Applicable	
Zip <i>32102-2219</i>		Country <i>U.S.A.</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, JANICE W 163 FLAMINGO ROAD EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>24613 Holly Road</i> City <i>Astoria</i> FL Zip Code <i>32102-2219</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	V HENDERSON, DAVID 163 FLAMINGO ROAD EDGEWATER, FL 32141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDERSON, JANICE W 163 FLAMINGO RD EDGEWATER, FL 32141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 <i>Janice W. Henderson</i> <i>Janice W. Henderson, P</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date <i>02/24/08</i> (386) 690-0818 Daytime Phone #			Date Daytime Phone #		