## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2007 8:00 am DOCUMENT # P03000131839 **Secretary of State** 02-12-2007 90103 012 \*\*\*150.00 SCOTT COULTER FLOORING INSTALLATIONS INC Principal Place of Business Mailing Address 19898 MIDWAY BLVD PORT CHARLOTTE FL 33948 19898 MIDWAY BLVD PORT CHARLOTTE FL 33948 2. Principal Place of Business - No P.O. Box # 3. M 1242 C3 Description Market Circle 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 20-0393283 ChARLOTTE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COULTER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 19898 MIÓWAY BLVD PORT\_CHARLOTTE\_FL-33948 City Zip Code 8. The above named ontity 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete TITLE Change Addition COULTER, SCOTT NAME NAME 19898 MIDWAY BLVD STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY - S1 - ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HHE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 7IP TITLE ☐ Delete ☐ Change ☐ Addition THE NAME NAML STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST - 7IP Delete THILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED