2000 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P03000131839 1. Entity Name SCOTT COULTER FLOORING INSTALLATIONS INC Principal Place of Business Mailing Address 1242 C3 MARKET CIR. 19898 MIDWAY BLVD PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33948 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 20-0393283 Not Applicable Zιρ Z·ρ Country 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 MIDWAY BLVD PORT CHARLOTTE FL 33948 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squitzes hippot or primed learns of registropa inserts white it origination (NOTE: Registered Agorit eightnure required when reingburig) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaion Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deicte THEF ■ Addition COULTER, SCOTT NAME 19898 MIDWAY BLVD STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY - ST- ZIP TITLE De ete TITLE ☐ Change Addition NAME STREET ADDRESS STRFFT ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change Derete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Defete OFFE Change ___ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP Offy-ST-ZIP De ete TITLE TITLE Change: Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes 1 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: ALCO CONTROL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR