2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000133116

1. Entity Name
MICHAEL SOLLAZZO FLOORCOVERING INC.

Principal Place of Business	Mailing Address
3266 DOTHAN AVE SPRINGHILL, FL 34609	3266 DOTHAN AVE SPRINGHILL, FL 34609

DO NOT WRITE IN THIS SPACE

02012008   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-0842154	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLLAZZO, MICHAEL
3266 DOTHAN AVE
SPRINGHILL, FL 34609

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable   (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. ☐	**$5.00** May Be Added to Fees	000000844507 03/13/08-80001-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	SOLLAZZO, MICHAEL
STREET ADDRESS	3266 DOTHAN AVE
CITY-ST-ZIP	SPRINGHILL, FL 34609

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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: X _____   x 2/28/08   x 352-279-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #