2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000140716

1. Entity Name

BASIL W. BESHERSE FLOOR COVERINGS, INC.



Principal Place of Business

4580 PLANTAIN AVE MIDDLEBURG, FL 32068 Mailing Address

4580 PLANTAIN AVE MIDDLEBURG, FL 32068 FILED
May 02, 2007 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2416910 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BESHERSE, BASIL W 4580 PLANTAIN AVE MIDDLEBURG, FL 32068

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	named entity submits this statement for the plions of registered agent.	urpose of changir	ng its registered office	or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent)					required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10. OFFICERS AND DIRECTORS					,	6;
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESHERSE, BASIL W 4580 PLANTAIN AVE MIDDLEBURG, FL 32068				Property and the state of the s	The state of the s
NAME STREET ADDRESS CITY-ST-ZIP	S BESHERSE, MICHELE L 4580 PLANTAIN AVE MIDDLEBURG, FL 32068			*	* \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	U00000755026 05/22/07-80086-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN :	THIS SPACE
TITLE NAME STREET ADDRESS		1 10 10 1			u .	

12. Thereby 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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Basil W. Bestuse

PresiDent

430-01

(964) 282-073