

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142398

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** IGNACIO GONI FLOORING, INC.

**Current Principal Place of Business:**

10519 TANGLEWILDE DR W  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 66295  
ORANGE PARK, FL 32065

**New Mailing Address:**

P.O. BOX 58122  
JACKSONVILLE, FL 32241

**FEI Number:** 41-2117789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZWIRN, JEFFREY J  
4021 N. ARMENIA AVENUE  
SUITE 200  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GONI, IGNACIO  
Address: 10519 TANGLEWILDE DR W  
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete  
Name: COMESANA, KELLY A  
Address: 10519 TANGLEWILDE DR W  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete  
Name: GARCIA, ARIEL  
Address: 198 AURORA BLVD #2303  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY COMESANA

S

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date