
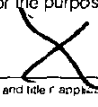
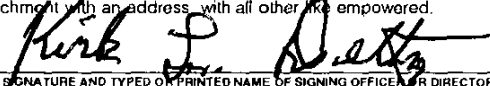


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90393 010 ***158.75

| | | | |
|---|---|---|---|
| DOCUMENT # P03000146293 Name K. D'S FLOORCRAFT, CO. | |  | |
| Principal Place of Business 305 73RD AVE ST. PETE BEACH FL 33706 | | Mailing Address 305 73RD AVE ST. PETE BEACH FL 33706 | |
| 2. Principal Place of Business - No P.O. Box # 305 73rd Ave. Suite, Apt. #, etc. | | 3. Mailing Address 305 73rd Ave. Suite, Apt. #, etc. | |
| City & State St. Pete Bch. Fl. Zip 33706 | | City & State St. Pete Bch. Fl. Zip 33706 | |
| Country Pinellas | | Country Pinellas | |
| 4. FEI Number 51-0491255 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DETTY, KIRK L 305 73RD AVENUE ST. PETE BEACH FL 33706 | | 7. Name and Address of New Registered Agent Name NO CHANGES Street Address (P.O. Box Number is Not Acceptable) NONE City FL Zip Code | |
| 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  | | DATE 4/19/07 | |
| (NOTE: Registered Agent signature required when reinstating) | | FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DETTY, KIRK L 305 73RD AVENUE ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete 4/19/07 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HASTINGS, BEVERLY 305 73RD AVENUE ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete 4/19/07 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SPITZER, TODD 305 73RD AVENUE ST. PETE BEACH FL 33706 <input type="checkbox"/> Delete 4/19/07 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 I am empowered. | | | |
| SIGNATURE:  | | DATE 4/19/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |