

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147394

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: SALVATORE GNOLFO FLOORING, INC.

## Current Principal Place of Business:

45 MOORE AVE  
MERRITT ISLAND, FL 32952

## New Principal Place of Business:

## Current Mailing Address:

45 MOORE AVE  
MERRITT ISLAND, FL 32952

## New Mailing Address:

FEI Number: 20-0479112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GNOLFO, SALVATORE  
45 MOORE AVE  
MERRITT ISLAND, FL 32952 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: DP ( ) Delete  
Name: GNOLFO, SALVATORE  
Address: 45 MOORE AVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DS ( ) Delete  
Name: GNOLFO, SHANNON  
Address: 45 MOORE AVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D ( ) Delete  
Name: THOMPSON, REX A DIRECTO  
Address: 8815 N ATLANTIC AVE #3A  
City-St-Zip: MERRITT ISLAND, FL 32920 US

Title: D ( ) Delete  
Name: NICHOLSON, THOMAS DIRECTO  
Address: 105 PALMETTO AVE #10  
City-St-Zip: MERRITT ISLAND, FL 32953 US

## 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:

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: SHANNON GNOLFO

DS

04/12/2007

Electronic Signature of Signing Officer or Director

Date