

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000147394

Entity Name: SALVATORE GNOLFO FLOORING, INC.

FILED
Jul 05, 2007
Secretary of State

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

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: D (X) Change () Addition
Name: LAVOIE, LESTER P DIRECTO
Address: 880 PENNSYLVANIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

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

I hereby certify that the information supplied with this filing does not qualify 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

07/05/2007

Electronic Signature of Signing Officer or Director

Date