

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147394

FILED
Apr 28, 2008
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: D () Delete
Name: LAVOIE, LESTER P DIRECTO
Address: 880 PENNSYLVANIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 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: D (X) Change () Addition
Name: LAVOIE, LESTER P DIRECTO
Address: 800 PENNSYLVANIA AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D (X) Change () Addition
Name: NICHOLSON, THOMAS DIRECTO
Address: 157 ANCHORAGE LANE#2
City-St-Zip: CAPE CANAVERAL, FL 32920 US

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: SAL GNOLFO

DP

04/28/2008

Electronic Signature of Signing Officer or Director

Date