


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90038 020 \*\*\*150.00

**DOCUMENT # P03000147649**

1. Entity Name  
**LARRY BEDDINGFIELD FLOORING, INC.**



Principal Place of Business Mailing Address  
**37738 AMELIA AVE. 37738 AMELIA AVE.**  
**DADE CITY, FL 33525 US DADE CITY, FL 33525 US**

60026337



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

03122007 Chg-P CR2E034 (12/06)

4. FEI Number 77-0616724 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**NELSON, SCOTT F**  
**4890 WEST KENNEDY BLVD**  
**240**  
**TAMPA, FL 33609**

7. Name and Address of New Registered Agent  
Name **SCOTT R. SAWA CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**3000 GULF-T-BOY, #219**  
City **CLEARWATER** FL Zip Code **33757-4131**

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 *[Signature]* DATE **3-12-07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	<b>P BEDDINGFIELD, DAVID L 37738 AMELIA AVE. DADE CITY, FL 33525</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered

SIGNATURE: *[Signature]* 3/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #