


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90042 022 ***150.00

DOCUMENT # P03000152789		
1. Entity Name SAFETY HARBOR FLOORING, INC.		

40126662



Principal Place of Business 1497 MAIN STREET #202 DUNEDIN, FL 34698	Mailing Address 1497 MAIN STREET #202 DUNEDIN, FL 34698
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2. Principal Place of Business - No P.O. Box # 1337 N. Highland Ave	3. Mailing Address 1337 N. Highland Ave
Suite, Apt. #, etc	Suite, Apt. #, etc

City & State Clearwater FL	City & State Clearwater FL
Zip 33755	Zip 33755
Country	Country

07182007 Chg-P CR2E034 (12/06)

4. FEI Number 30-0220537	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLUTE, CHRISTOPHER J 1497 MAIN STREET #202 DUNEDIN, FL 34698	7. Name and Address of New Registered Agent Name CLUTE, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1337 N. Highland Ave City Clearwater FL Zip Code 33755
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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 CHRISTOPHER CLUTE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stamping) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLUTE, CHRISTOPHER J 1497 MAIN STREET #202 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLUTE, CHRISTOPHER 1337 N. Highland Ave Clearwater FL 33755 <input checked="" 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
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 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 empowerments.

SIGNATURE: Christopher Clute Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE CHRISTOPHER CLUTE DATE