## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2007 8:00 am DOCUMENT # P0400003864 **Secretary of State** 03-22-2007 90001 046 \*\*\*150.00 HEADLEY'S FLOORING, INC. Principal Place of Business Mailing Address 12 MAGNOLIA STREET 12 MAGNOLIA STREET FLAGLER BCH, FL 32136 FLAGLER BCH, FL 32136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5 405 TOHN ANDERSON HWY Suite, Apt. #, etc. 5405 JOHN ANDERSON HWY Suite, Apt. #, etc 03112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-4279437 FLACLER BEACH Not Applicable FLAGLER BEACH \$8.75 Additional 5. Certificate of Status Desired Fee Required *3マルアレー* ソク*R*フ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEADLEY, GWENDOLYN ANN Street Address (P.O. Box Number is Not Acceptable) 12 MAGNOLIA STREET FLAGLER BCH, FL 32136 JOHN ANDERSON HUX Zip Code FLAGLEK BEACH 37/36-4997 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete TITLE Change Addition NAME HEADLEY, PAUL THADIUS NAME STREET ADDRESS 12 MAGNOLIA STREET STREET ADDRESS 5405 JANN ANDERSON HWY CITY-ST-ZIP FLAGLER BCH, FL 32136 CITY-ST-ZIP FLALLER BEACH IL 32134-4927 DS TITLE ☐ Delete TITLE ☐ Addition HEADLEY, GWENDOLYN ANN NAME NAME SYOF JOHN ANDERSON HWY STREET ADDRESS 12 MAGNOLIA STREET STREET ADDRESS CITY-ST-ZIP FLAGLER BCH, FL 32136 CITY-ST-ZIP FLAGLER BEALH FL 32134: 1937 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE \_\_\_ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

FILED

PAUL T. HEADLEY 3/19/07 SIGNATURE

changed, or on an attack