2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 07, 2006 8:00 am
Secretary of State

05-25-2006 90015 005 ***150.00

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DOCUMENT # P04000004450

1. Entity Name
CAUDULLO FLOOR COVERING INC

Principal Place of Business	Mailing Address
634 SE STREAMLET AVENUE PORT ST LUCIE, FL 34983	634 SE STREAMLET AVENUE PORT ST LUCIE, FL 34983

2. Principal Place of Business	3. Mailing Address
634 SE Streamlet Ave	634 SE Streamlet Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie FL.	City & State: Port St. Lucie, FL
Zip: 34983 Country: USA	Zip: 34983 Country: FL

4. FEI Number: 90-0135864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAUDULLO, ALFRED A
634 SE STREAMLET AVENUE
PORT ST LUCIE, FL 34983

[signature]

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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	President CAUDULLO, ALFRED A 634 SE STREAMLET AVENUE PORT ST LUCIE, FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	officer Knopel, Daniel S. 1742 SW Catalina Port st Lucie FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.

SIGNATURE: [signature] 5/10/06 772-370-9242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #