## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 28, 2008 08:00 AM Secretary of State **DOCUMENT # P04000011448** EMMONS FLOORING INC. Principal Place of Business Mailing Address 4415 21 AVE WEST 4415 21 AVE WEST BRADENTON, FL 34209 BRADENTON, FL 34209 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 14-1901002 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EMMONS, JAMES P DO NOT WRITE 4415 21 AVE WEST BRADENTON, FL 34209 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME EMMONS, JAMES P STREET ADDRESS 4415 21 AVE WEST CITY-ST-ZIP BRADENTON, FL 34209 U00000925128 05/20/08-80013-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR