

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 039 ***158.75

DOCUMENT # P04000017793

1. Entity Name

BETTER CARE FLOOR DISTRIBUTORS, INC.



Principal Place of Business

7511 HIGHWAY 20
YOUNGSTOWN FL 32466

Mailing Address

7511 HIGHWAY 20
YOUNGSTOWN FL 32466

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

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-1293651

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOBERG, JANE K
7511 HIGHWAY 20
YOUNGSTOWN FL 32466

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SOBERG, JANE K	
STREET ADDRESS	7511 HIGHWAY 20	
CITY - ST - ZIP	YOUNGSTOWN FL 32466	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTE, WILLIAM	
STREET ADDRESS	7511 HIGHWAY 20	
CITY - ST - ZIP	YOUNGSTOWN FL 32466	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULTE, WILLIAM JR	
STREET ADDRESS	7533 HIGHWAY 20	
CITY - ST - ZIP	YOUNGSTOWN FL 32466	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIPECKI, THOMAS F	
STREET ADDRESS	7533 HIGHWAY 20	
CITY - ST - ZIP	YOUNGSTOWN FL 32466	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERT J. HOUSBY	
STREET ADDRESS	10721 JOHNSON BLVD	
CITY - ST - ZIP	YOUNGSTOWN FL 32466	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT J HOUSBY	
STREET ADDRESS	10721 JOHNSON BLVD.	
CITY - ST - ZIP	YOUNGSTOWN FL 32466	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jane K. Soberg

JANE K. SOBERG (Pres.) 4/30/07 850-722-0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #