

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jun 11, 2008 08:00 AM
Secretary of State



05272008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1293651	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOBERG, JANE K
7511 HIGHWAY 20
YOUNGSTOWN, FL 32466

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SOBERG, JANE K
STREET ADDRESS	7511 HIGHWAY 20
CITY-ST-ZIP	YOUNGSTOWN, FL 32466

TITLE	D
NAME	SCHULTE, WILLIAM
STREET ADDRESS	7511 HIGHWAY 20
CITY-ST-ZIP	YOUNGSTOWN, FL 32466

TITLE	D
NAME	SCHULTE, WILLIAM JR
STREET ADDRESS	7533 HIGHWAY 20
CITY-ST-ZIP	YOUNGSTOWN, FL 32466

TITLE	D
NAME	FIEDLER, DAVID
STREET ADDRESS	624 FITNESS RD
CITY-ST-ZIP	SOUTHPORT, FL 32409

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/11/08-80004-014 158.75

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IN THIS SPACE**

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

Jane K. Soberg (Pres.)

6-1-08