


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90325 014 ***150.00

DOCUMENT # P04000030664	
1. Entity Name L & H FLOORING, INC.	

Principal Place of Business 4214 PERSHING POINTE PLACE, APT 7 ORLANDO, FL 32822	Mailing Address 4214 PERSHING POINTE PLACE, APT 7 ORLANDO, FL 32822
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2. Principal Place of Business 718 Del Ray Dr.	3. Mailing Address Suite, Apt. #, etc.
City & State Kissimmee, FL	City & State
Zip 34758-3207	Country

04052006 Chg-P CR2E034 (11/05)

4. FEI Number 55-2858412	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, LAZARO R. 4214 PERSHING POINTE PLACE, APT 7 ORLANDO, FL 32822	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
718 Del Ray Dr.	
City Kissimmee	FL Zip Code 34758-3207

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 **04/05/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LAZARO R 4214 PERSHING POINTE PLACE, APT 7 ORLANDO, FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	718 Del Ray Dr Kissimmee, FL 34758-3207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____