

Sent By: RIO SMIDHUM & MANLEY;

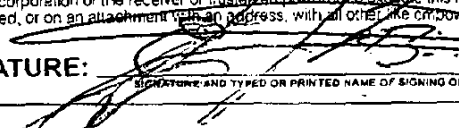
813 879 1050;

Jun

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90003 011 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000054688			
1. Entity Name LAGES FLOORING INC.			
Principal Place of Business 15425 LAKE BELLA VISTA DR. TAMPA, FL 33625		Mailing Address 15425 LAKE BELLA VISTA DR. TAMPA, FL 33625	
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
6. Name and Address of Current Registered Agent LAGE, ELISEN 15425 LAKE BELLA VISTA DR. TAMPA, FL 33625		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. (NOT: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGES, ELISEU 15425 LAKE BELLA VISTA TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAGES, MARTHA B 15425 LAKE BELLA VISTA TAMPA, FL 33625 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 to this report, with all other like information.			
SIGNATURE: 		Date: 06-10-08 8B-7840942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

60044614



06062008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0958707Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

FL Zip Code

FILE NOW!!! FEE IS \$150.00
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
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corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date