

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90019 005 ***150.00

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1. Entity Name
TEMO'S FLOORING INSTALLATON, INC.



Principal Place of Business
121 JOHNS PLACE
DAVENPORT, FL 33837 US

Mailing Address
121 JOHNS PLACE
DAVENPORT, FL 33837 US

40066522



03172008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0954012

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JUAREZ, CUAUHEMOC
1040 LONG PINE ST
DAVENPORT, FL 33897

7. Name and Address of New Registered Agent

Name
Cuahtemoc Suarez

Street Address (P.O. Box Number is Not Acceptable)
121 John's Place

City
Davenport FL Zip Code
33837

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 **4-10-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JUAREZ, CUAUHEMOC	
STREET ADDRESS	1040 LONG PINE ST	
CITY-ST-ZIP	DAVENPORT, FL 33897	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, CARLOS H	
STREET ADDRESS	3038 PARKWAY BLVD #108	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suarez, Cuahtemoc	
STREET ADDRESS	121 John's Place	
CITY-ST-ZIP	Davenport, FL 33897	
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 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 **4-10-08** Daytime Phone # **407 436 8088**