


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90022 046 \*\*\*150.00

<b>DOCUMENT # P04000064079</b> 1. Entity Name <b>ROGER CARDEW FLOORING, INC.</b>																																																																																																																																																											
Principal Place of Business <b>4879 ERIN LANE MELBOURNE, FL 32940</b>			Mailing Address <b>4879 ERIN LANE MELBOURNE, FL 32940</b>																																																																																																																																																								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		03132007    Chg-P    CR2E034 (12/06)																																																																																																																																																							
Zip		Country		4. FEI Number <b>20-1160186</b>																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																																																							
6. Name and Address of Current Registered Agent  <b>CARDEW, ROGER C 720 PLAYERS CT. MELBOURNE, FL 32940</b>				7. Name and Address of New Registered Agent Name <b>Cardew, Roger C</b> Street Address (P.O. Box Number is Not Acceptable) <b>4879 Erin Lane</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32940</b>																																																																																																																																																							
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: <u><i>RC</i></u> DATE: <u>3/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">P</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">CARDEW, ROGER C</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">Cardew, Roger C</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">720 PLAYERS CT</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4879 Erin Lane</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">MELBOURNE, FL 32940</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">Melbourne, FL 32940</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">VP</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BRITZ, BRAD W</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">720 PLAYERS CT.</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">MELBOURNE, FL 32940</td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. 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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: <u><i>RC</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/13/07</u> <u>321 243-8202</u> <small>Date    Daytime Phone #</small>																																																																																																																																																								