2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000096578

1. Entity Name

ALTMAN FLOORING, INC.



Principal Place of Business

4115 CREWS LAKE DRIVE LAKELAND, FL 33813 US Mailing Address

4115 CREWS LAKE DRIVE LAKELAND, FL 33813

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90416 008 ***150.00

DUU13019



DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1289192

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, THOMAS 4115 CREWS LAKE DRIVE LAKELAND, FL 33813

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	il applicable. (NOTE; Hegistered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALTMAN, THOMAS 4115 CREWS LAKE DRIVE LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTMAN, JASON T 4115 CREWS LAKE DRIVE LAKELAND, FL 33813				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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: The

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-13-06 863-604-HOS