


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90030 014 ***150.00

DOCUMENT # P04000100779			
1. Entity Name WYATT'S FLOORING INSTALLATION INC.			
Principal Place of Business 5873 S. US HWY., LOT E-1 BUNNELL FL 32110		Mailing Address 5873 S. US HWY., LOT E-1 BUNNELL FL 32110	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 12202	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Daytona Beach FL	
Zip	Country	Zip 32120	Country USA
6. Name and Address of Current Registered Agent NATELSON, ANDREW G 412 S CENTRAL AVE FLAGLER BEACH FL 33126-3623		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CUNNINGHAM, WYATT J 5873 S. US HWY., LOT E-1 BUNNELL FL 32110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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

Apr. 28, 2008 **386-206-4077**
Date Daytime Phone #