

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P04000122473

1. Entity Name
NAPLES BAY FLOOR COVERING, INC.



Principal Place of Business
**1711 SAN MARCO ROAD
MARCO ISLAND, FL 34145**

Mailing Address
**1711 SAN MARCO ROAD
MARCO ISLAND, FL 34145**



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1535031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PASCALE, WILLIAM
1711 SAN MARCO ROAD
MARCO ISLAND, FL, FL 34145**

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PASCALE, WILLIAM
STREET ADDRESS 1711 SAN MARCO ROAD
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPD
NAME PASCALE, CHRISTOPHER
STREET ADDRESS 1711 SAN MARCO ROAD
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VPD
NAME PASCALE, GREGORY
STREET ADDRESS 1711 SAN MARCO ROAD
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VSTD
NAME PASCALE, MICHAEL
STREET ADDRESS 1711 SAN MARCO ROAD
CITY-ST-ZIP MARCO ISLAND, FL 34145

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: *Michael Pascale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U00000698594
04/13/07-80009-010 158.75

**DO NOT WRITE
IN THIS SPACE**