

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90116 003 ***150.00

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01292007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000157156 1. Entity Name VERSATEK FLOORING INC.					
Principal Place of Business 202 LILY PAD RD. WINTER HAVEN, FL 33880			Mailing Address 202 LILY PAD RD. WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box # 226 Lily Pad Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 226 Lily Pad Rd <small>Suite, Apt. #, etc.</small>			
City & State Winter Haven FL		City & State Winter Haven FL		4. FEI Number 20-1906575	
Zip 33880-5103		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYAN, STEPHEN M 202 LILY PAD RD. WINTER HAVEN, FL 33880			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 226 Lily Pad Rd City Winter Haven FL Zip Code 33880-5103		
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: PRES. 1.30.07 <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P BRYAN, STEPHEN M 202 LILY PAD RD. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, SABRA S 202 LILY PAD RD. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: PRES. 1.30.07 286-4020 <small>(Signature typed or printed name of signing officer or director) (Date) (Daytime Phone #)</small>					