


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 046 ***150.00

DOCUMENT # P04000157156	
1. Entity Name VERSATEK FLOORING INC.	

Principal Place of Business 226 LILY PAD RD. WINTER HAVEN, FL 33880-5103	Mailing Address 226 LILY PAD RD. WINTER HAVEN, FL 33880-5103
--	--

60035829



2. Principal Place of Business - No P.O. Box # 385 Pine Shadow Lane Suite, Apt. #, etc.	3. Mailing Address 385 Pine Shadow Lane Suite, Apt. #, etc.
---	---

04282008 Chg-P CR2E034 (12/06)

City & State Auburndale FL	City & State Auburndale FL
Zip 33823	Country Polk

4. FEI Number 20-1906575	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BRYAN, STEPHEN M 226 LILY PAD RD. WINTER HAVEN, FL 33880-5103	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 385 Pine Shadow Lane City Auburndale FL Zip Code 33823	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 226 LILY PAD RD WINTER HAVEN, FL 338805103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 385 Pine Shadow Lane Auburndale FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, SABRA S 226 LILY PAD RD WINTER HAVEN, FL 338805103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sabra S Bryan 385 Pine Shadow Lane Auburndale FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen Bryan Stephen Bryan Pres. x 4/29/08 863-286-4020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #