

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90034 028 \*\*\*150.00

<b>DOCUMENT # P04000158070</b> 1. Entity Name <b>GREG BURTZ FLOORING, INC.</b>			
Principal Place of Business <b>1684 CYPRESS AVE PMB 31 MELBOURNE FL 32901</b>		Mailing Address <b>1684 CYPRESS AVE PMB 31 MELBOURNE FL 32901</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>656 DISTECIA DR.</b> Suite, Apt. #, etc.	
City & State <b>MELBOURNE, FL</b>		City & State <b>MELBOURNE, FL</b>	
Zip <b>32901</b>	Country <b>U.S.A.</b>	4. FEI Number <b>11-3735177</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Name and Address of Current Registered Agent <b>BURTZ, DAVID G 1684 CYPRESS AVENUE MELBOURNE FL 32935</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>BURTZ, DAVID G</b>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS <b>1684 CYPRESS AVENUE</b>	CITY-ST-ZIP <b>MELBOURNE FL 32935</b>	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
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.			
<b>SIGNATURE: David A. Burtz - DAVID GREGORY BURTZ 3-24-08 (321-228-2036)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



1st MOORE CR2E034 (10/07)

**FL** Zip Code

CELL

Date

Daytime Phone