

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000166794

1. Entity Name
BROTHER'S FLOOR COVERING, INC.



Principal Place of Business
18251 SLATER ROAD
N FT MYERS, FL 33917

Mailing Address
18251 SLATER ROAD
N FT MYERS, FL 33917

FILED
Mar 27, 2008 08:00 AM
Secretary of State



03132008 No Chg-P CR2E034 (11/05)

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4. FEI Number
20-2028995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ORLANDO
18251 SLATER ROAD
N FT MYERS, FL 33917

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT DIAZ, ORLANDO 18251 SLATER ROAD N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BEATO, DIOSILIS 18251 SLATER ROAD N FT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/10/08-80010-010 150.00

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IN THIS SPACE**

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: Orlando Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08
Date

Daytime Phone #