2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2007 8:00 am
Secretary of State
05-17-2007 90038 042 ***150.00

660201800

DOCUMENT # P04000168406

1. Entity Name
KARIN MILLER FLOORING INC.

Principal Place of Business	Mailing Address
3743 CHERRYWOOD DR HOLIDAY FL 34691	3743 CHERRYWOOD DR HOLIDAY FL 34691

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3743 Cherrywood Dr	Holiday Fl. 34691
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3743 Cherrywood Dr
City & State: Holiday Fl.	City & State: Holiday Fl 34691
Zip: 34691 Country: Pasco	Zip: 34691 Country: Pasco

1st MOORE CR2E034 (10/06)

4. FEI Number 20-2034668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TOTAL BOOKKEEPING SERVICE INC.
2155 GRAND BLVD
HOLIDAY FL 34690

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Karin Miller
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 MILLER, KARIN 3743 CHERRYWOOD DR HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Karin Miller June 28, 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66020180
#P04000168406

I have Received an Notice of Intent To Dissolve and Called This #850-245-6050 and spoke To and Lady There she told me That I had NOT signed my annual Report when I looked At the copy That I had in My files I had signed ON Line #8 and Not on Line #12 sorry I am sending You The signed copy and Hope That This will resolve This matter

Thank you
Karin Miller
of Karin Miller Flooring

P.S. preveis $150.00 check was sent with origan! and Has Been Cashed if you Have any more questions you may contact me at #727-255-9989 again Thanks!!