2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000168406

1. Entity Name

KARIN MILLER FLOORING INC.



FILED May 30, 2008 08:00 Al Secretary of State

Principal Place of Business

3743 CHERRYWOOD DR HOLIDAY, FL 34691

Mailing Address

3743 CHERRYWOOD DR HOLIDAY, FL 34691



04012008

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

TOTAL BOOKKEEPING SERVICE INC.

DO NOT WRITE

2155 GRAND BLVD HOLIDAY, FL 34690			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	l office or re	egistered agent, or b	oth, in the State of Florida I am familiar with, and accept
Signature, typed or printed name of registered againt and title if applicable (NOTE Registered				required when roinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	U00000952647 06/04/08-80086-020 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P MILLER, KARIN 3743 CHERRYWOOD DR HOLIDAY, FL 34691	ctors			
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS				<i>i</i>	• • • • • • • • • • • • • • • • • • •

12. Thereby 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

SIGNATURE:

FICER OR DIRECTOR

Davima Phone #