

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90003 025 ***550.00

DOCUMENT # P05000061066 1. Entity Name FLOOR SOLUTIONS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 5731 NEW PARIS WAY ELLENTON, FL 34222			Mailing Address 2075 FRUITVILLE RD #200 SARASOTA, FL 34237		
2. Principal Place of Business 2341 Porter Lake Dr.		3. Mailing Address P.O. Box 1004			
Suite, Apt. #, etc. #203		Suite, Apt. #, etc. 			
City & State SARASOTA, FL		City & State Ellenton, FL		4. FEI Number 20-2739703	
Zip 34234		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34222-1004		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent WENZEL, ROBERT 2075 FRUITVILLE RD #200 SARASOTA, FL 34237			7. Name and Address of New Registered Agent Name PACK, KARA M. Street Address (P.O. Box Number is Not Acceptable) 5731 New Paris Way City Ellenton FL Zip Code 34222		
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 <u><i>Kara M Pack</i></u> KARA M PACK <u>08/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	PVST PACK, JAMES R 5731 NEW PARIS WAY ELLENTON, FL 34222		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PACK, JAMES R. 5731 New Paris Way Ellenton, FL 34222	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 checked="" type="checkbox"/> Addition	
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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: <u><i>James R Pack</i></u> JAMES R PACK <u>08/12/06</u> <u>941 379-2727</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					