2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 26, 2006 8:00 am Secretary of State 05-09-2006 90067 017 ***150.00

DOCUMENT # P05000075135 1. Entity Name STEVEO'S CUSTOM FLOORING, INC.								05-09-20	J06 9 006	7 017 **	·*150.00
Principal Place of Business 106 WILKINS CIRCLE SANFORD, FL 32771			10	Mailing Address 106 WILKINS CIRCLE SANFORD, FL 32771							
2. Principal Place of Business			3. 7	1. Mailing Address							
Sulte, Apt. #, etc.			5	Suite. Apt. #, etc.			01272006	Chg-P	CRZEO:	34 (11/05)	
Cry & State				City & State			4. FEI Numb	43-208		No	oplied For of Applicable
Zip	Country			Zip Count		try		of Status Dosired	۱ ب	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						Name	7. Name and	d Address of New I	Registereo A	gent	 -
BACAK, STEVEN R 106 WILKINS CIRCLE SANFORD, FL 32771				Street Addre			s (P.O. Box Number is Not Acceptable)				
SAN SNE, PE SELV					City			FL	Zip Code	•	
	named entity tions of registe		nent for the p	ourpose of changing its	registere	ad office or regist	ered agent, or bo	oth, in the State of FI	lorida. I em f	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of regishered agent and side if applicable. (NOTE: Registered Agent algreture required when retreataing) OATE											
FILE NOWILL FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added							5.00 May Be dided to Fees				
10.		OFFICER:	S AND DIREC		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
HAME					TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP	106 WILK	INS CIRCLE D., FL 32771			STRE	EET ADDRESS (+ST-ZIP					
TITLE	S			☐ Delete	TITL	£	<u></u>			Change	☐ Addition
KAME STREET ADDRESS		STEVEN R INS CIRCLE			NAM STRE	Æ EET ADORESS					
CITY-ST-ZIP		D. FL 32771				r-S1-ZIP					
TITLE NAME		-	-	☐ Delete	TIEL!					☐ Change	☐ Addition
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TITLE				☐ Ocicte	titu	· 1				Change	☐ Addition
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					HAM	Æ					
NAME STREET ADDRESS CITY-ST-ZIP				_		EET ADORESS Y-ST-ZIP					
STREET ADDRESS CITY-S1-ZIP TITLE				☐ Delete	CITY TITL	Y-ST-ZIP			<u> </u>	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY TUTE NAM STRI	Y-ST-ZIP			·	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicater of the co	certify that the	ort or supplemental re the receiver or truste	report is true : se empowere:	Delete Delete	CITY TITE NAM STRIC CITY or the ex my signed t as requi	Y-ST-ZP LE LE LEET ADDRESS Y-ST-ZP cemptions contain	ne same ledal elle	eci as il made undel	romur, viali i e	tily that the id	mormation or director