

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 SEP 12 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000094682.

1. Entity Name
G AND L FLOORING INC.

Principal Place of Business
5724 SALT SPRINGS RD.
PORT RICHEY, FL 34668

Mailing Address
5724 SALT SPRINGS RD.
PORT RICHEY, FL 34668



09032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0567836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, LISA
5724 SALT SPRINGS RD.
PORT RICHEY, FL 34668

DO NOT WRITE
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

Lisa Carter

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-6-08

FILE NOW!!! FEE IS ~~\$800.00~~ 150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

(DID NOT RECEIVE
RENEWAL NOTICE
IN MAIL.)

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARTER, LISA
STREET ADDRESS 5724 SALT SPRINGS RD.
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

09/16/08--01037--002 **158.95

900135979289
09/16/08--01037--002 **158.95

DO NOT WRITE
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:

Lisa Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-08

Date

Daytime Phone #

727 326 2824