

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102360

Entity Name: SURFACES FLOORING, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

6934 W GROVER CLEVELAND BLVD
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

PO BOX 387
CRYSTAL RIVER, FL 34423 US

New Mailing Address:

FEI Number: 20-3206930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WORKMAN, TODD M
3599 N YACHT TER
BEVERLY HILLS, FL 34465 US

Name and Address of New Registered Agent:

WORKMAN, TODD M P
3599 N YACHT TER
BEVERLY HILLS, FL 34465 US

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.

SIGNATURE: TODD M. WORKMAN

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WORKMAN, TODD M
Address: 3599 N YACHT TERR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ST () Delete
Name: WORKMAN, JENNI S
Address: 3599 N YACHT TERR
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP () Delete
Name: BELL, JOSEPH A
Address: 2656 W SUNRISE ST
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WORKMAN, TODD M
Address: 3599 N YACHT TER
City-St-Zip: BEVERLY HILLS, FL 34465

Title: ST (X) Change () Addition
Name: WORKMAN, JENNI S
Address: 3599 N YACHT TER
City-St-Zip: BEVERLY HILLS, FL 34465

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNI S. WORKMAN

ST

04/21/2009

Electronic Signature of Signing Officer or Director

Date