2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 11, 2008 08:00 All Secretary of State DOCUMENT # P05000108888 1. Entity Name G.T. FLOOR COVERING, INC. Principal Place of Business Mailing Address 18521 ST. PAUL DR. 18521 ST, PAUL DR. SPRING HILL FL 34610 SPRING HILL FL 34610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suffe, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For 4. FEI Number City & State City & State 59-3812840 Not Applicable $Z_{\rm ID}$ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMSON, GERALD Street Address (P.O. Box Number is Not Acceptable) 18521 ST PAUL DR SPRING HILL FL 34610 Zip Code City 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 congations of registered agent. SIGNATURE Signature, lyged or printed name of registered agent and title ill implicable (NOTE: Registered Agently gooture required when reportableg) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME THOMSON, GERALD NAME STREET ADDRESS STREET ADDRESS 18521 ST PAUL DR CITY-ST- ZIP CITY-S1-703 SPRING HILL FL 34610 Darete Change ■ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-212 CITY-ST-ZIP 150.00 Derete THE Change Addition MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THE Delete TITLE Change NAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Citty-St-ZIP ☐ Addition TITLE Delete Change NAME MAME STREET ADDRESS STREET ADDRESS CATA - ST- SIP CHY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

Gerald Thomson

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