

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119096

Entity Name: BILLFISH FLOORING, INC.

FILED
Apr 10, 2007
Secretary of State

Current Principal Place of Business:

4610 2ND STREET
POST OFFICE BOX 613
GRANT, FL 32949

New Principal Place of Business:

4610 2ND STREET
GRANT, FL 32949

Current Mailing Address:

4610 2ND STREET
POST OFFICE BOX 613
GRANT, FL 32949

New Mailing Address:

FEI Number: 34-2054950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FATULA, WILLIAM R
4610 2ND STREET
GRANT, FL 32949 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FATULA, WILLIAM R
Address: POST OFFICE BOX 613
City-St-Zip: GRANT, FL 32949

Title: D () Delete
Name: FATULA, ROBERT
Address: POST OFFICE BOX 613
City-St-Zip: GRANT, FL 32949

Title: D () Delete
Name: FATULA, SAMUEL
Address: POST OFFICE BOX 613
City-St-Zip: GRANT, FL 32949

Title: D () Delete
Name: FATULA, GEOFFREY
Address: POST OFFICE BOX 613
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FATULA, WILLIAM R
Address: POST OFFICE BOX 613
City-St-Zip: GRANT, FL 32949

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R. FATULA

DP

04/10/2007

Electronic Signature of Signing Officer or Director

Date