

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90034 021 \*\*\*158.75

60019006



02112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000158317</b> 1. Entity Name <b>STEVE WEINSTEIN FLOORING, INC.</b>																											
Principal Place of Business 1102 SW 45TH TERR. CAPE CORAL, FL 33914		Mailing Address 1102 SW 45TH TERR. CAPE CORAL, FL 33914																									
2. Principal Place of Business 1102 SW 45th Terr Suite, Apt. #, etc.		3. Mailing Address 1102 SW 45th Terr Suite, Apt. #, etc.																									
City & State Cape Coral, FL Zip 33914 Country US		City & State Cape Coral, FL Zip 33914 Country US																									
4. FEI Number 20-3969601		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  WEINSTEIN, STEVE 1102 SW 45TH TERR. CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D WEINSTEIN, STEVE</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1102 SW 45TH TERRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CAPE CORAL, FL 33914</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D WEINSTEIN, STEVE	<input type="checkbox"/> Delete	NAME	1102 SW 45TH TERRACE		STREET ADDRESS	CAPE CORAL, FL 33914		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">V/T/S/M Angela Weinstein</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1102 SW 45th Terr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Cape Coral, FL 33914</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	V/T/S/M Angela Weinstein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	1102 SW 45th Terr		STREET ADDRESS	Cape Coral, FL 33914		CITY-ST-ZIP		
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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: <u>Steve Weinstein</u>		Date: <u>2/28/06</u> Daytime Phone #: <u>239-549-1893</u>																									