Sent By: American Accounting Service; 941-748 7626; May-1 5/7

FILED
Jun 01, 2007 8:00 am
Secretary of State
05-07-2007 90066 032 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000001447

1. Entity Name
RICH'S FLOORING, INC.

Principal Place of Business	Mailing Address
357 6TH AVE W BRADENTON, FL 34205	357 6TH AVE W BRADENTON, FL 34205

20-4051283

2. Principal Place of Business No P.O. Box #	3. Mailing Address
Manatee County	
Suite, Apt #, etc. 10515 Bud Rhoden Rd	Suite, Apt #, etc.
City & State Palmetto	City & State
Zip FL — County Manatee	Zip 34221 — Country

04302007 Chg-P CR2E034 (12/06)

4. FEI Number: * Document # P06000001447 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYMA, RICHARD L JR.
357 6TH AVE W
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________ DATE ______

FILE NOW!!! FEE IS $150.00*
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	☐ Delete
NAME	TYMA, RICHARD L JR.	
STREET ADDRESS	10515 BUD RHODEN	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	P	☐ Delete
NAME	TYMA, DENIELLE M	
STREET ADDRESS	10515 BUD RHODEN	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** [signature] 4-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #