

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000002191 1. Entity Name FLOORS & MORE OF MELBOURNE, INC.	
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Principal Place of Business 3351 W. NEW HAVEN AVE #102 WEST MELBOURNE, FL 32904	Mailing Address 3351 W. NEW HAVEN AVE #102 WEST MELBOURNE, FL 32904
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03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2554583	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ARCADIER, MAURICE ALLEN & ARCADIER, P.A. 700 N WICKHAM RD #107 MELBOURNE, FL 32935	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/11/08-80012-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURRANCE, ARLENE 1694 RUSTIC WAY MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DURRANCE, PAUL 1694 RUSTIC WAY MELBOURNE, FL 32935
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Paul W. Durrance* **PAUL W. DURRANCE** **3-27-08 321) 837-0994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #