

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90161 018 ***150.00

DOCUMENT # P06000010052

1. Entity Name
DYNAMIC FLOORING INSTALLATIONS, INC.



Principal Place of Business
15321 SANTA FE TRAIL
EUSTIS, FL 32726

Mailing Address
15321 SANTA FE TRAIL
EUSTIS, FL 32726

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

PO Box 643

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EUSTIS FL

Zip

Country

Zip

Country

32726

USA

02082007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4174885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURCELL, CHERYL A
12842 FORESTEDGE CIRCLE
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name

BRANDON T HACK

Street Address (P.O. Box Number is Not Acceptable)

15321 SANTA FE TRAIL

City

EUSTIS

FL

Zip Code

32726

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

X 3/21/07

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	D	<input type="checkbox"/> Delete
NAME	HACK, BRANDON T	
STREET ADDRESS	15321 SANTA FE TRAIL	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/21/07 (352) 516-6521
Date Daytime Phone #