

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038074

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: PICOLI'S FLOOR COVERING INC.

## Current Principal Place of Business:

4729 PALM BEACH BLVD  
FORT MYERS, FL 33905 US

## New Principal Place of Business:

4729 PALM BEACH BLVD  
36  
FORT MYERS, FL 33905 US

## Current Mailing Address:

4729 PALM BEACH BLVD  
FORT MYERS, FL 33905 US

## New Mailing Address:

4729 PALM BEACH BLVD  
36  
FORT MYERS, FL 33905 US

FEI Number: 20-4594013

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PICOLI, JOSE  
4729 PALM BEACH  
FORT MYERS, FL 33905 US

## Name and Address of New Registered Agent:

PICOLI, JOSE  
4729 PALM BEACH  
36  
FORT MYERS, FL 33905 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete  
Name: PICOLI, JOSE  
Address: 4729 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905 US

Title: VP/S ( ) Delete  
Name: PICOLI, WILLIAM  
Address: 4729 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905 US

Title: D ( ) Delete  
Name: PICOLI, JOSE  
Address: 4729 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905 US

Title: D ( ) Delete  
Name: PICOLI, WILLIAM  
Address: 4729 PALM BEACH BLVD  
City-St-Zip: FORT MYERS, FL 33905 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: JOSE PICOLI

P/ T

04/30/2007

Electronic Signature of Signing Officer or Director

Date