2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000046889

Name:

Address:

City-St-Zip:

13500 BISCAYNE DR

GRAND ISLAND, FL 32735

Entity Name: ANDERSON'S CREATIVE WOOD FLOORING INC.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3820 HIGHWAY 19-A NORTH MOUNT DORA, FL 32757 **Current Mailing Address: New Mailing Address:** 3820 HIGHWAY 19-A NORTH MOUNT DORA, FL 32757 FEI Number: 20-4678153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, TERESA L 1535 E. CROOKED LAKE DRIVE EUSTIS, FL 32726 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ANDERSON, TERESA L Name: Name: 1535 E. CROOKED LAKE DRIVE Address: Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: LANE, ALLISON L Name: LANE, ALLISON L **GRANDVIEW AVENUE** TAVARES RIDGE COURT Address: Address: UMATILLA, FL 32784 US TAVARES, FL 32778 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition ANDERSON, ROGERT G Name: Name: 1535 E CROOKED LAKE DR Address: Address: City-St-Zip: EUSTIS, FL 32726 US City-St-Zip: Title: () Delete Title: () Change () Addition HOWELL, RUBYN A

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.

Name:

Address:

City-St-Zip:

SIGNATURE: TERESA L ANDERSON **PRES** 04/08/2008