05/07/2007 14:10 FAX 352 563 2264 CHRISTINE ECK

FILED
Jul 02, 2007 8:00 am
Secretary of State
07-02-2007 90035 018 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000068878

1. Entity Name
BOMBLY FLOORING, INC.

40122333

Principal Place of Business	Mailing Address
3432 CHAPEL CT HERNANDO, FL 34442	3432 CHAPEL CT HERNANDO, FL 34442

05072007 Chg-P CR2E034 (12/05)

2. Principal Place of Business - No P.O. Box #: 9420 E PEACHTREE LANE
Suite, Apt. #, etc.
City & State: INVERNESS FL
Zip: 34450 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 20-5377845 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BOMBLY, MATTHEW J
3432 CHAPEL CT
HERNANDO, FL 34442

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 9420 E PEACHTREE LANE
City: INVERNESS FL Zip Code: 34450

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 ______ 5-27-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b) F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST	☐ Delete
NAME	BOMBLY, MATTHEW J	
STREET ADDRESS	3432 CHAPEL CT	
CITY-ST-ZIP	HERNANDO, FL 34442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	9420 E PEACHTREE LANE	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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: ______ 5-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #