


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90002 028 \*\*\*150.00

DOCUMENT # P06000077317  
 1. Entity Name  
**FOR ALL YOUR FLOORING NEEDS INC**



Principal Place of Business Mailing Address  
**8362 CROSS TIMBERS DRIVE EAST JACKSONVILLE, FL 32244 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**8814 country woods ct 8814 country woods ct**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Jacksonville, FL Jacksonville, FL**  
 City & State City & State  
**32222 32222**  
 Zip Country Zip Country



01242008 Chg-P CR2E034 (12/06)  
 4. FEI Number 20-4983791 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROBERTS, MARY L EA**  
**1067 EDGEWOOD AVENUE NORTH**  
**JACKSONVILLE, FL 32254**

7. Name and Address of New Registered Agent **Change of Address**  
 Name **Crystal Robertson**  
 Street Address (P.O. Box Number is Not Acceptable) **8814 country woods ct.**  
**Jax. FL 32222**  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTSON, CRYSTAL N	
STREET ADDRESS	8362 CROSS TIMBERS DRIVE EAST	
CITY - ST - ZIP	JACKSONVILLE, FL 32244	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, GARY N JR	
STREET ADDRESS	8362 CROSS TIMBERS DRIVE EAST	
CITY - ST - ZIP	JACKSONVILLE, FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8814 Country woods ct.	
STREET ADDRESS	Jacksonville, FL 32222	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8814 country woods ct.	
STREET ADDRESS	Jacksonville, FL 32222	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: \_\_\_\_\_ Date: **12-8-08** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR