

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90248 045 ***150.00

DOCUMENT # P06000088326

1. Entity Name
GIVO FLOOR SPECIALISTS CORP



Principal Place of Business
**5480 RED BUCK LAKE RD.
SUITE 180
WINTER SPRINGS, FL 32708**

Mailing Address
**5480 RED BUCK LAKE RD.
SUITE 180
WINTER SPRINGS, FL 32708**



2. Principal Place of Business - No P.O. Box #
5480 Red Bug Lake Rd

3. Mailing Address
same as #2

Suite, Apt. #, etc.
Suite 180

Suite, Apt. #, etc.

City & State
Winter Springs, FL

City & State

Zip
32708

Country

Zip

Country

03242008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5147595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ACOSTA, GREGORY
943 RIVECON AVE.
ORLANDO, FL 32825-7324**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-28-08

**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	ACOSTA, GREGORY	
STREET ADDRESS	943 RIVECON AVE.	
CITY - ST - ZIP	ORLANDO, FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	ACOSTA, GREGORY	
STREET ADDRESS	943 RIVECON AVE.	
CITY - ST - ZIP	ORLANDO, FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	ACOSTA, GREGORY	
STREET ADDRESS	943 RIVECON AVE.	
CITY - ST - ZIP	ORLANDO, FL 32825	
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 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	
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	
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-08

Date

4079143305

Daytime Phone #