

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008 8:00 am
Secretary of State

08-22-2008 90001 009 ***150.00

DOCUMENT # P06000090698

1. Entity Name
DESIGNER FLOORING INC.



Principal Place of Business
3605 STATE ROAD 419
100
WINTER SPRINGS, FL 32708

Mailing Address
3605 STATE ROAD 419
100
WINTER SPRINGS, FL 32708

2. Principal Place of Business - No P.O. Box #
1207 Royal Oak Drive
Suite, Apt. #, etc.

3. Mailing Address
1207 Royal Oak Drive
Suite, Apt. #, etc.

City & State
Winter Springs FL
Zip
32708
Country
USA

City & State
Winter Springs FL
Zip
32708
Country
USA

06162008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5198009
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EPPS, MICHAEL P
1207 ROYAL OAK DRIVE
WINTER SPRINGS, FL 32708

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

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME EPPS, MICHAEL P
STREET ADDRESS 1207 ROYAL OAK DRIVE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VP ☐ Delete
NAME LABOY, ANTHONY V
STREET ADDRESS 661 AIRMONT AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE SEC ☐ Delete
NAME EPPS, HONTAH T
STREET ADDRESS 1207 ROYAL OAK DRIVE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE ☐ Delete
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 IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #