

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103501

Entity Name: WILL SMITH FLOORING INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

769 SW RAVENSWOOD LN  
PORT ST. LUCIE, FL 34983 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 881536  
PORT ST. LUCIE, FL 34988

## New Mailing Address:

769 SW RAVENSWOOD LN  
PORT ST. LUCIE, FL 34983

FEI Number: 87-0778850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, WILLIAM L  
769 SW. RAVENSWOOD LN.  
PORT ST. LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

SMITH, WILLIAM L  
769 SW. RAVENSWOOD LN.  
PORT ST. LUCIE, FL 34983 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, WILLIAM L  
Address: 769 SW. RAVENSWOOD LN.  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: POLLOCK, PAUL J  
Address: 1034 S.W. FACET AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: T ( ) Delete  
Name: STORIAL, MATTHEW J  
Address: 917 S.W. WHITTIER TERR.  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, WILLIAM L  
Address: 769 SW. RAVENSWOOD LN.  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: STORIAL, MATTHEW J  
Address: 1658 OCEAN AV  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

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.

SIGNATURE: WILLIAM SMITH

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date