


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 047 ***150.00

DOCUMENT # P06000114512			
1. Entity Name ALTHOUSE FLOOR COVERING, INC.			
Principal Place of Business 8532 SW 128TH LN SUMMERFIELD FL 34491		Mailing Address PO BOX 46 SUMMERFIELD FL 34492	
2. Principal Place of Business - No P.O. Box # 8532 SE 128TH LN.		3. Mailing Address P.O. Box 46	
Suite, Apt. #, etc. SUMMERFIELD		Suite, Apt. #, etc.	
City & State SUMMERFIELD FL		City & State SUMMERFIELD FL	
Zip 34491	Country MARION	Zip 34492	Country MARION
6. Name and Address of Current Registered Agent ALTHOUSE, MICHAEL R 8532 SW 128TH LN SUMMERFIELD FL 34491		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 <u>MICHAEL R. ALTHOUSE</u> <u>Michael R. Althouse</u> 4-14-08 <small>Signature, typed or printed name of registered agent and the filer (applies). (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTHOUSE, MICHAEL 8532 SW 128TH LN SUMMERFIELD FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.			
SIGNATURE: <u>Michael R. Althouse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-14-08 352 454-3138 <small>Date Daytime Phone #</small>	