
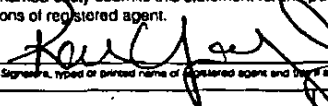
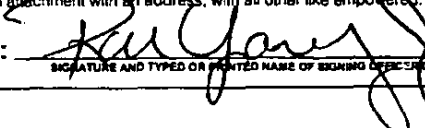


FILED
Apr 05, 2007 8:00 am
Secretary of State

03-27-2007 90019 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT.

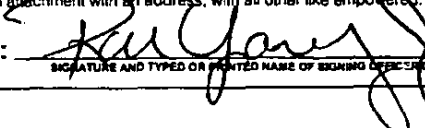
DOCUMENT # P06000116555			
1. Entity Name FAMILY FLOORING SERVICES, INC.			
Principal Place of Business 8375 E. ORANGE AVENUE FLORAL CITY, FL 34436 US		Mailing Address 8375 E. ORANGE AVENUE FLORAL CITY, FL 34436 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YANCEY, RONALD 8375 E. ORANGE AVENUE FLORAL CITY, FL 34436		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 		DATE 1/20/07	
SIGNATURE (NOTE: Registered Agent signature required when resigning)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PRES YANCEY, RONALD 8375 E. ORANGE AVENUE FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 1/20/07 DAYTIME PHONE # 352-272-3680	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	



01092007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5515819 Applied For Not Applicable

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

SIGNATURE:  DATE 1/20/07 DAYTIME PHONE # 352-272-3680