

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90233 028 ***150.00

DOCUMENT # P06000128526



1. Entity Name
FLOOR BIZ SOLUTIONS INC

Principal Place of Business
**955 KEENE RD.
LARGO, FL 33771**

Mailing Address
**955 KEENE RD.
LARGO, FL 33771**



2. Principal Place of Business - No P.O. Box #
9805 Hermosillo Drive
Suite, Apt. #, etc.

3. Mailing Address
9805 Hermosillo Drive
Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State
New Port Richey, FL
Zip **34655** Country **Pinellas**

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New Port Richey, FL
Zip **34655** Country **Pinellas**

4. FEI Number
20-5729069
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, PAUL P
955 KEENE RD.
LARGO, FL 33771**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, is Not Acceptable)
9805 Hermosillo Drive
City **New Port Richey** **FL** Zip Code **34655**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, PAUL P		NAME	Carter, Paul P.	
STREET ADDRESS	955 KEENE RD.		STREET ADDRESS	9805 Hermosillo Dr - New Port Richey	
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	FL 34655	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ Date **4/30/08** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR