

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 031 ***150.00

DOCUMENT # P06000155346 1. Entity Name FLOOR INTERIOR SERVICES, CORP.																													
Principal Place of Business 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569		Mailing Address 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569																											
2. Principal Place of Business - <i>11541 Addison Chase Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>11541 Addison Chase Dr</i> Suite, Apt. #, etc.																											
City & State <i>Riverview, FL</i> Zip <i>33579</i>		City & State <i>Riverview, FL</i> Zip <i>33579</i>																											
4. FEI Number <i>20-8111180</i>		Applied For <input type="checkbox"/> Not Applicable																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02292008 Chg-P CR2E034 (12/06)																											
6. Name and Address of Current Registered Agent MARIN, MANUEL G 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name <i>Marin, Manuel G.</i> Street Address (P.O. Box Number is Not Acceptable) <i>11541 Addison Chase Dr.</i> City <i>Riverview</i> FL Zip Code <i>33579</i>																											
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 <i>Manuel Marin</i> DATE <i>02/29/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> ID MARIN, MANUEL G 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> VPD MARIN, MANUEL G 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569 </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	ID MARIN, MANUEL G 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	VPD MARIN, MANUEL G 11908 BUTLER WOODS CIRCLE RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> President Marin, Manuel G. 11541 Addison Chase Dr. Riverview, FL 33579 </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> Vicepresident Marin, Manuel G. 11541 Addison Chase Dr. Riverview, FL 33579 </td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	President Marin, Manuel G. 11541 Addison Chase Dr. Riverview, FL 33579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Vicepresident Marin, Manuel G. 11541 Addison Chase Dr. Riverview, FL 33579	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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 furnished in this 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I am an officer or director. SIGNATURE: <i>Manuel Marin</i> DATE: <i>02/29/08</i> <small>DATE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													