

2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 04, 2009
Secretary of State**

DOCUMENT# P07000031811

Entity Name: BEST CHOICE FLOORING, INC.

Current Principal Place of Business:

New Principal Place of Business:

36332 C.R. 439
EUSTIS, FL 32736 US

Current Mailing Address:

New Mailing Address:

36332 C.R. 439
EUSTIS, FL 32736 US

FEI Number: 20-8608163 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SYFERT, CRAIG
36332 C.R. 439
EUSTIS, FL 32736 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SYFERT, CRAIG
Address: 36332 C.R. 439
City-St-Zip: EUSTIS, FL 32736 US

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

Title: SD () Delete
Name: HEIFNER, STEVE
Address: 36332 C.R. 439
City-St-Zip: EUSTIS, FL 32736 US

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

Title: TD () Delete
Name: GRAY, JASON
Address: 36332 C.R. 439
City-St-Zip: EUSTIS, FL 32736 US

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

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: CRAIG SYFERT

PD

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date