


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

06-16-2008 90003 003 ***150.00

DOCUMENT # P07000061494 1. Entity Name O'CONNOR'S UNIVERSAL FLOORING INC.					
Principal Place of Business 224 S. FRODENS RD. LAKE WALES, FL 33859			Mailing Address 224 S. FRODENS RD. LAKE WALES, FL 33859		
2. Principal Place of Business - No P.O. Box # 148 Hickory Hammock Rd		3. Mailing Address 148 Hickory Hammock Rd			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lake Wales FL		City & State Lake Wales FL		4. FEI Number 26-0263686	
Zip 33859-7735		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33859-7735		Country USA		6032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent O'CONNOR, KRISTOPHER 224 S. FRODENS RD. LAKE WALES, FL 33859				7. Name and Address of New Registered Agent Name Walter L Perryman Street Address (P.O. Box Number is Not Acceptable) 148 Hickory Hammock Rd City Lake Wales FL Zip Code 338597735	
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><i>[Signature]</i></u> VPD <u><i>Walter L Perryman</i></u> 6/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, KRISTOPHER 224 S. FRODENS RD. LAKE WALES, FL 33859 <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	VPD Walter L Perryman 148 Hickory Hammock Rd Lake Wales FL 33859-7735 <input type="checkbox"/> Change <input checked="" 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	
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: <u><i>[Signature]</i></u> VP <u><i>Walter L Perryman</i></u> 6/11/08 (863) 528 8264 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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