FILED
Apr 14, 2008 8:00 am
Secretary of State
02-11-2008 90056 004 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000078062

1. Entity Name
USA FLOORING REMOVAL, INC.

Principal Place of Business	Mailing Address
1431 RAIL HEAD BLVD. NAPLES, FL 34110	1431 RAIL HEAD BLVD. NAPLES, FL 34110

66000061

01232008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
26300 Morton Ave.	10401 N. Meridian St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State: Bonita Springs, FL	City & State: Indianapolis, IN
Zip: 34135 Country: Lee/USA	Zip: 46290 Country: USA

4. FEI Number 26-0493038 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ECKENRODE, CEDRIC
1431 RAIL HEAD BLVD.
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 26300 Morton Ave.
City Bonita Springs FL Zip Code 34135

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (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

TITLE	DPT	☐ Delete
NAME	ECKENRODE, CEDRIC	
STREET ADDRESS	1431 RAIL HEAD BLVD.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE	DVPS	☐ Delete
NAME	LEACH, JEFFREY H	
STREET ADDRESS	18302 LAGOS WAY	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

WAS SENT IN ERROR TO LIFELONG LEARNING

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2-6-08 239-825-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #