

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080267

Entity Name: MA FLOORCOVERING INC.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

213 MARISCO WAY
JACKSONVILLE, FL 32220 US

New Principal Place of Business:

Current Mailing Address:

213 MARISCO WAY
JACKSONVILLE, FL 32220 US

New Mailing Address:

FEI Number: 26-0531887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CARALEE
213 MARISCO WAY
JACKSONVILLE, FL 32220 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: ANDERSON, MCHAEAL
Address: 213 MARISCO WAY
City-St-Zip: JACKSONVILLE, FL 32220 US

Title: S () Delete
Name: MASSY, SHANE
Address: 155 MAGNOLIA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: AS () Delete
Name: BOILEAU, THOMAS
Address: 234 N LINE DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, MICHAEL
Address: 213 MARISCO WAY
City-St-Zip: JACKSONVILLE, FL 32220 US

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

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: MICHAEL ANDERSON

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date