


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90005 020 ***150.00

DOCUMENT # P07000080571	
1. Entity Name CHARLOTTE'S FAMILY FLOORING, INC.	

Principal Place of Business 214 33RD STREET WEST PALM BEACH, FL 33407 US	Mailing Address 214 33RD STREET WEST PALM BEACH, FL 33407
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60045231



2. Principal Place of Business - No P.O. Box # 2468 Hwy 441	3. Mailing Address 2468 Hwy 441
Suite, Apt. #, etc. #501	Suite, Apt. #, etc. #501

07152008 Chg-P CR2E034 (12/06)

City & State Fruitland Park	City & State Fruitland Park
Zip 34731	Zip 34731
Country US	Country US

4. FEI Number 26-0527117	Applied For Not Applicable
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6. Name and Address of Current Registered Agent ROBERTS, CHARLOTTE L 214 33RD ST WEST PALM BEACH, FL 33407	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROBERTS, CHARLOTTE L 214 33RD ST WEST PALM BEACH, FL 33407 <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	VP ROBERTS, ROBERT A 214 33RD ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	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 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: <i>Robert Roberts</i>	352 19 July 08 323 1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #