

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075100

FILED
Apr 15, 2009
Secretary of State

Entity Name: QUALITY CRAFT WOOD FLOORS,INC

Current Principal Place of Business:

1 BUFFALO MEADOW LANE
PALM COAST, FL 32137

New Principal Place of Business:

8110 CYPRESS PLAZA DR
UNIT 305
JACKSONVILLE, FL 32256

Current Mailing Address:

8110 CYPRESS PLAZA DR
UNIT 305
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3423303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES HALL AND ASSOCIATES, LLC
77 ALMERIA ST
ST. AUGUSTINE, FL 32084 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: PD () Delete
Name: TSISTINAS, MARK
Address: 1 BUFFALO MEADOW LANE
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: TSISTINAS, LISA M
Address: 1 BUFFALO MEADOW LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARK TSISTINAS

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date