

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000067419

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** THE FLOOR DOCTOR RESTORATIONS, INC.

**Current Principal Place of Business:**

2820 W FAIRFIELD DR  
PENSACOLA, FL 32505

**New Principal Place of Business:**

6890 W FAIRFIELD DR  
PENSACOLA, FL 32526

**Current Mailing Address:**

2820 W FAIRFIELD DR  
PENSACOLA, FL 32505

**New Mailing Address:**

6890 W FAIRFIELD DR  
PENSACOLA, FL 32526

**FEI Number:** 90-0508227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOOLLEN, MICHAEL  
2820 W FAIRFIELD DR  
PENSACOLA, FL 32505 US

**Name and Address of New Registered Agent:**

WOOLLEN, MICHAEL  
6890 W FAIRFIELD DR  
PENSACOLA, FL 32526 US

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

01/25/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WOOLLEN, MICHAEL  
Address: 6890 W FAIRFIELD DR  
City-St-Zip: PENSACOLA, FL 32526

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL WOOLLEN

PRES

01/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date