

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000002222

1. Entity Name
CHAMBERS FLOOR COVERING, INCORPORATED



Principal Place of Business
1135 W ORANGE AVE
UNIT B
TALLAHASSEE, FL 32310

Mailing Address
1135 W ORANGE AVE
UNIT B
TALLAHASSEE, FL 32310

FILED

06 MAY -1 PM 4:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHAMBERS, NEHEMIAH
1135 W ORANGE AVE
UNIT B
TALLAHASSEE, FL 32310

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAMBERS, NEHEMIAH
STREET ADDRESS 1135 W ORANGE AVE, UNIT B
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100075025281
05/22/06--01035--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-01-06 850-576-7340

Date

Daytime Phone #