

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000031130

1. Entity Name
BEST FLOORING CENTER, INC.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90472 021 ***150.00

Principal Place of Business

12224 FIREMAN'S CANAL DR
CLERMONT, FL 34711

Mailing Address

12224 FIREMAN'S CANAL DR
CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #

833 W. Hwy 50
Suite, Apt. #, etc.

3. Mailing Address

833 W. Hwy 50
Suite, Apt. #, etc.

00040000



04252007 Chg-P CR2E034 (12/06)

City & State

Clermont, FL
34711

City & State

Clermont, FL
34711

4. FEI Number

59-3308691

Applied For

Not Applicable

Zip

Country

USA

Zip

Zip

34711

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WILLIAM J
830 W HWY 50
CLERMONT, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

833 W. Hwy 50

City

Clermont

FL Zip Code
34711

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

William J. Thompson

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME THOMPSON, WILLIAM J
STREET ADDRESS 12224 FIREMANS CANAL DR.
CITY-ST-ZIP CLERMONT, FL 34711

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Thompson, William J.
833 W. Hwy P.O.
Clermont, FL 34711

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP-Secretary
Thompson, John R.
833 W. Hwy 50
Clermont, FL 34711

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
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Change Addition

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

William J. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #