2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State
04-25-2008 90136 032 ***150.00

DOCUMENT # P95000038580

1. Entity Name
CONTRACT FLOORING WORKROOM INC

00016001

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
~~4080 N HIGHWAY 19A~~ ~~MOUNT DORA FL 32757-2034~~	~~4080 N HIGHWAY 19A~~ ~~MOUNT DORA FL 32757-2034~~
2. Principal Place of Business - No P.O. Box #: 23334 Oak Lane	3. Mailing Address: P.O. Box 352
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarrento FL	City & State: Sorrento FL
Zip: 32776 Country: LAKE	Zip: 32776-0352 Country: Lake

4. FEI Number 59-3315624 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YOKAWONIS, MARTHA
23334 Oak Lane
Sarrento FL 32776

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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: PD NAME: YOKAWONIS, ANTHONY G STREET ADDRESS: C/O 4080 N HIGHWAY 19A CITY-ST-ZIP: MOUNT DORA FL 32757-2034	☐ Delete	TITLE: PD NAME: Yokawonis, Anthony G STREET ADDRESS: 23334 Oak Lane CITY-ST-ZIP: Sorrento FL 32776	☒ Change ☐ Addition
TITLE: VSD NAME: YOKAWONIS, MARTHA STREET ADDRESS: 4080 N HIGHWAY 19A CITY-ST-ZIP: MOUNT DORA FL 32757-2034	☐ Delete	TITLE: VSD NAME: Yokawonis MARTHA STREET ADDRESS: 23334 Oak Lane CITY-ST-ZIP: Sarrento FL 32776	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Martha Yokawonis 3/12/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #