

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90029 019 ***150.00

DOCUMENT # P95000084947

1. Entity Name
EXPRESS FLOORS, INC.



Principal Place of Business
**2966 1ST PLACE
VERO BEACH, FL 32968 US**

Mailing Address
**P.O. BOX 187
VERO BEACH, FL 32961**

2. Principal Place of Business - No P.O. Box #
942 18TH AV SW

3. Mailing Address

Suite, Apt. #, etc.
VERO BEACH, FL

Suite, Apt. #, etc.

City & State

City & State

01082008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0625732

Applied For
Not Applicable

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

Zip **32962** Country **US**

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, MICHAEL L.
2966 1ST PLACE
VERO BEACH, FL 32968**

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**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
BELL, MICHAEL L.
4320 11TH P SW
VERO BEACH, FL 32968**

☐ Delete

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☐ Change ☐ Addition

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☐ 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/25/08 772
864-9779**