

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90028 035 \*\*\*150.00

**DOCUMENT # P96000053056**

1. Entry Name  
**SUBFLOOR SYSTEMS, INC.**



Principal Place of Business  
11310 SATELLITE BLVD.  
ORLANDO, FL 32837

Mailing Address  
11310 SATELLITE BLVD.  
ORLANDO, FL 32837

40010440



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

**6923 Narcoossee Rd.**

3. Mailing Address

**6923 Narcoossee Rd.**

Suite, Apt. #, etc.

**Suite 615**

Suite, Apt. #, etc.

**Suite 615**

City & State

**Orlando Florida**

City & State

**Orlando Florida**

Zip

**32822-5573**

Country

**USA**

Zip

**32822-5573**

Country

**USA**

01222008

Chg-P

CR2E034 (12/06)

4. FEI Number

**59-3389248**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAIERS, GERALD**  
11310 SATELLITE BLVD.  
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name

**Gerald J. Maier**

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

**6923 Narcoossee Road**

**Suite 615**

City

**Orlando**

FL

Zip Code

**32822-5573**

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

*Gerald J. Maier*

**Director**

**1-22-2008**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MAIERS, GERALD**  
**12088 BLACKHEATH CIR**  
**ORLANDO, FL 32837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MAIERS, JOSEPH H**  
**11310 SATELLITE BLVD.**  
**ORLANDO, FL 32837** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**D**  
**Joseph H. Maier**  
**220 Martha St. PO Box 241**  
**Stewart Minnesota 55385**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Gerald J. Maier* **Gerald J. Maier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-22-08**

Date

Daytime Phone #

**407-482-8859**