


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000066891**

1. Entity Name  
 BONITA SPRINGS FLOOR COVERING, INC.



Principal Place of Business 3431 BONITA BEACH ROAD STE 201 BONITA SPRINGS, FL 34134 US	Mailing Address 3431 BONITA BEACH ROAD STE 201 BONITA SPRINGS, FL 34134 US
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3534195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PASCALE, BILL  
 501 LA PENINSULA  
 NAPLES, FL 34113

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

**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

U00000875415  
 04/11/08-80033-002 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASCALE, WILLIAM 3431 BONITA BEACH ROAD STE 201 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS PASCALE, MICHAEL 3431 BONITA BEACH RD BONITA SPRINGS, FL 34134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Bill Pascale, Pres. **3-25-08** **239-825-1076**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #