

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90016 037 ***150.00

DOCUMENT # P98000069771

1. Entity Name
TROPICAL FLOORING, INC.



Principal Place of Business
**10 N MAIN STREET
LAKE PLACID, FL 33852 US**

Mailing Address
**10 N MAIN STREET
LAKE PLACID, FL 33852 US**

2. Principal Place of Business
9 N. MAIN AVE

3. Mailing Address
9 N. MAIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162006

Chg-P

CR2E034 (11/05)



City & State
LAKE PLACID FL

City & State
LAKE PLACID FL

4. FEI Number
65-0859087

Applied For

Not Applicable

Zip
33852

Country
USA

Zip
33852

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**WARNER, MICHAEL
158 CITRUS RD NE
LAKE PLACID, FL 33852**

7. Name and Address of New Registered Agent

Name **ALAN WARNER**

Street Address (P.O. Box Number is Not Acceptable)
367 CATFISH CREEK RD

City **LAKE PLACID**

FL

Zip Code
33852

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 *Alan Warner* **ALAN WARNER**

3-30-06

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WARNER, MICHAEL R**
STREET ADDRESS **158 CITRUS ROAD NE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **VP** ☒ Delete
NAME **WARNER, SONJA**
STREET ADDRESS **158 CITRUS ROAD NE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **VD** ☒ Delete
NAME **WARNER, MICHAEL R**
STREET ADDRESS **158 CITRUS RD NE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **T** ☒ Delete
NAME **WARNER, SONJA**
STREET ADDRESS **158 CITRUS RD NE**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
NAME **ALAN WARNER**
STREET ADDRESS **P.O. BOX 429**
CITY-ST-ZIP **LAKE PLACID, FL 33862**

TITLE **V.P.** ☒ Change ☐ Addition
NAME **MARIA G. WARNER**
STREET ADDRESS **PO BOX 429**
CITY-ST-ZIP **LAKE PLACID FL 33862**

TITLE **T.D** ☒ Change ☐ Addition
NAME **MICHAEL R. WARNER**
STREET ADDRESS **239 GRAPE RD NW**
CITY-ST-ZIP **LAKE PLACID, FL 33852**

TITLE **S.D** ☒ Change ☐ Addition
NAME **SONJA WARNER**
STREET ADDRESS **239 GRAPE RD NW**
CITY-ST-ZIP **LAKE PLACID FL 33852**

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

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

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: *Alan Warner* **ALAN WARNER**

3-30-06

863-699-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #