

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000069771**

1. Entity Name  
**TROPICAL FLOORING, INC.**



Principal Place of Business  
**9 N MAIN AVE  
LAKE PLACID, FL 33852 US**

Mailing Address  
**9 N MAIN AVE  
LAKE PLACID, FL 33852 US**



04052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0859087**

Applied For
Not Applicable

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

**8. Name and Address of Current Registered Agent**

**WARNER, ALAN  
367 CATFISH CREEK RD  
LAKE PLACID, FL 33852**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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
NAME	WARNER, ALAN
STREET ADDRESS	POB 429
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	VP
NAME	WARNER, MARIA G
STREET ADDRESS	POB 429
CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	TD
NAME	WARNER, MICHAEL R
STREET ADDRESS	239 GRADE RD NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	SD
NAME	WARNER, SONJA
STREET ADDRESS	239 GRADE RD NW
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/07-80043-017 150.00

**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: Alan Warner ALAN WARNER Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07 863-699-1440  
Date Daytime Phone #