## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

LEE BRADLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNATURE: \_

## Mar 27, 2008 8:00 am Secretary of State DOCUMENT # P98000081719 1. Entity Name 03-27-2008 90026 037 \*\*\*150.00 SUPERIOR FLOOR INSTALLATIONS, INC. Mailing Address Principal Place of Business 3367 BRATTI CT. 174 E DOUGLAS RD OLDSMAR FL 34677 PALM HARBOR FL 34685 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3538764 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRADLEY X-KERSEMIXTHOMAS &X Street Address (P.O. Box Number is Not Acceptable) 3367 BRATTI COURT CityPALM HARBOR, Zip34685 FL 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. Feb.4, 2008 LEE BRADLEY SIGNATURE LEE DISTUEL. Signature, typod or printed name of registered rigent unit title if application gant argnature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing $d_{H^{1/2}C_{\mathrm{RL}}}$ \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 .... Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Change Addition ☐ Deiete TITLE TITLE BRADLEY, LEE NAME NAME STREET ADDRESS 3367 BRATTI CT. STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 mapter 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.

**FILED** 

727-741-0638

Davistio Phone