


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90025 017 ***150.00

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|--|---|---|--|--|--|
| DOCUMENT # P99000033518 1. Entity Name WHYTE'S FLOORING, INC. | | | |  | |
| Principal Place of Business 1291 CARLENE AVE. FORT MYERS, FL 33901 | | | Mailing Address 1291 CARLENE AVE. FORT MYERS, FL 33901 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-0925714 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04302007 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent WHYTE, JAMES W 1291 CARLENE AVENUE FORT MYERS, FL 33901 | | | 7. Name and Address of New Registered Agent Name <u>Lisa Whyte</u> Street Address (P.O. Box Number is Not Acceptable) <u>1291 Carlene Ave</u> City <u>Fort Myers</u> FL Zip Code <u>33901</u> | | |
| 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 <u>James W Whyte Jr</u> DATE <u>4/30/07</u> <small>(NOTE: Registered agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WHYTE, JAMES 1291 CARLENE AVENUE FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete <u>change</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>President</u> <u>Lisa Whyte</u> <u>1291 Carlene Ave</u> <u>Fort Myers, FL 33901</u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHYTE, LISA 1291 CARLENE AVENUE FORT MYERS, FL 33901 <input checked="" type="checkbox"/> Delete <u>change</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>VP</u> <u>James Whyte</u> <u>1291 Carlene Ave</u> <u>Fort Myers, FL 33901</u> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Lisa Whyte</u> <u>Lisa Whyte</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>4/30/07</u> Daytime Phone # <u>(239) 910-4291</u> | | | |

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