

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S02861

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: TOTAL FLOORING CONTRACTORS, INC.

## Current Principal Place of Business:

3650 CORAL RIDGE DR.  
107  
CORAL SPRINGS, FL 33065 US

## New Principal Place of Business:

## Current Mailing Address:

3650 CORAL RIDGE DR.  
107  
CORAL SPRINGS, FL 33065 US

## New Mailing Address:

FEI Number: 65-0291558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCAVONE, ROBERT SR  
9986 NW 15TH COURT  
CORAL SPRINGS, FL 33071 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCAVONE, ROBERT SR  
Address: 9986 NW 15TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: SCAVONE, LUCILLE  
Address: 9986 NW 15TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: SCAVONE, ROBERT JR  
Address: 8116 NW 75 AVE  
City-St-Zip: TAMARAC, FL 33321

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SCAVONE SR.

PRES

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date