


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # S89937					
1. Entity Name <b>SAN MARCO FLOOR &amp; WALL, INC.</b>					
Principal Place of Business <b>1711 SAN MARCO RD. MARCO ISLAND, FL 33937</b>			Mailing Address <b>1711 SAN MARCO RD. MARCO ISLAND, FL 33937</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03252008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>65-0292371</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>PASCAL, WILLIAM 1711 SAN MARCO RD. MARCO ISLAND, FL 33937</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASCAL, WILLIAM	NAME	000000875417		
STREET ADDRESS	1711 SAN MARCO RD.	STREET ADDRESS	04/11/08-80033-003 158.75		
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
TITLE	VPVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASCAL, CHRISTOPHER	NAME			
STREET ADDRESS	1711 SAN MARCO RD	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
TITLE	VPVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASCAL, GREGORR	NAME			
STREET ADDRESS	1711 SAN MARCO RD	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
TITLE	VPVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASCAL, MICHAEL	NAME			
STREET ADDRESS	1711 SAN MARCO RD	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 employment.					
SIGNATURE: <i>Bill Pascale, Pres.</i>		3-25-08		239-825-1076	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	