

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96244

FILED  
Jan 28, 2004  
Secretary of State

Entity Name: FLORIDA FLOOR FASHIONS, INC.

## Current Principal Place of Business:

9339 N. US 1  
P.O.BOX700096  
WABASSO, FL 32970

## New Principal Place of Business:

9339 N. US 1  
P.O.BOX 700096  
WABASSO, FL 32970

## Current Mailing Address:

9339 N. US 1  
P.O.BOX700096  
WABASSO, FL 32970

## New Mailing Address:

9339 N. US 1  
P.O.BOX 700096  
WABASSO, FL 32970

FEI Number: 59-2215860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORRISON, CHARLES D  
9339 N. US 1  
P.O.BOX700096  
WABASSO, FL 32970

## Name and Address of New Registered Agent:

MORRISON, CHARLES D  
9339 N. US 1  
P.O.BOX 700096  
WABASSO, FL 32970

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:

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: MORRISON, ELISE F,  
Address: 9339 N. US 1  
City-St-Zip: WABASSO, FL

Title: PD ( ) Delete  
Name: MORRISON, CHARLES D,  
Address: 9339 N. US 1  
City-St-Zip: WABASSO, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: CHARLES D MORRISON

PD

01/28/2004

Electronic Signature of Signing Officer or Director

Date