2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90020 027 ***150.00

DOCUMENT # P00000025403

1. Entity Name
SPEARS FLOORING INC.

Principal Place of Business	Mailing Address
3300 STATE RD 7 STE 428 E HOLLYWOOD, FL 33021	3300 STATE RD 7 STE 428 E HOLLYWOOD, FL 33021

50001174

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
11530 NW 30 PlACE		11530 NW 30 PlACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: SUNRISE Florida		City & State: SUNRISE Florida	
Zip: 33323	Country: BROWARd	Zip: 33323	Country: BROWARd

4. FEI Number 65-0993598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPEARS, TIMOTHY
3300 STATE ROAD 7 E-428
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name: TIMOTHY SPEARS
Street Address (P.O. Box Number is Not Acceptable): 11530 NW 30 PlACE
SUNRISE
City FL Zip Code 33323

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 [signature] PRESIDENT 1-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SPEARS, TIMOTHY 3300 STATE ROAD 7 E-428 HOLLYWOOD, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPEARS, TIMOTHY 11530 NW 30 PlACE SUNRISE, FlORIDA 33323	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPEARS, JOSEPHINE 3300 STATE RD 7 HOLLYWOOD, FL 33021	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPEARS, JOSEPHINE 11530 NW 30 PlACE SUNRISE, FlORIDA 33323	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] President 1-5-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TIMOTHY SPEARS