2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000135626

Entity Name: FLOORCOVERINGS BY JOHN WHITLOW, INC.

Current Principal Place of Business:

PO BOX 830354
OCALA, FL 34483

New Principal Place of Business:

Current Mailing Address:

PO BOX 830354
OCALA, FL 34483

New Mailing Address:

FEI Number: 52-2444908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITLOW, JOHN
53 SAPPHIRE RD
OCALA, FL 34472 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: V ( ) Delete
Name: BROWN, NICHOLE
Address: 53 SAPPHIRE RD
City-St-Zip: OCALA, FL 34472

Title: T ( ) Delete
Name: GOLDIN, NANCY
Address: 4330 HILLCREST DR APT 102
City-St-Zip: HOLLYWOOD, FL 33021

Title: CEO ( ) Delete
Name: WHITLOW, JOHN
Address: PO BOX 830354
City-St-Zip: OCALA, FL 34483

Title: PD ( ) Delete
Name: WHITLOW, JOHN
Address: PO BOX 830354
City-St-Zip: OCALA, FL 34483

Title: S ( ) Delete
Name: BRECKON, MELL
Address: PO BOX 830354
City-St-Zip: OCALA, FL 34483

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:

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: JOHN WHITLOW PD 04/30/2004

Electronic Signature of Signing Officer or Director Date