

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90032 020 \*\*\*150.00

**DOCUMENT # P03000149727**

1. Entity Name  
**ALVIN GORDON FLOORING INSTALLATION, INC.**



Principal Place of Business      Mailing Address  
**404 W. BOUGAINVILLEA ROAD**      **404 W. BOUGAINVILLEA RPAD**  
**LEHIGH ACRES, FL 33936 US**      **LEHIGH ACRES, FL 33936 US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **05-0592435**      Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent  
**GORDON, ALVIN D**  
**404 W. BOUGAINVILLEA ROAD**  
**LEHIGH ACRES, FL 33936**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GORDON, ALVIN D</b> <b>404 W. BOUGAINVILLEA ROAD</b> <b>LEHIGH ACRES, FL 33936</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>GORDON, VERNICE E</b> <b>404 W. BOUGAINVILLEA ROAD</b> <b>LEHIGH ACRES, FL 33936</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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: Vernice E. Gordon      Date: July 8, 2004      Daytime Phone #: 239 3693417

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR