## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Jul 14, 2004 8:00 am **Secretary of State** DOCUMENT # P0400003864 07-14-2004 90003 033 \*\*\*158.75 HEADLEY'S FLOORING, INC. Principal Place of Business Mailing Address 5405 JOHN ANDERSON HWY 5405 JOHN ANDERSON HWY FLAGLER BCH, FL 32136 FLAGLER BCH, FL 32136 2. Principal Place of Bysiness Mailing Address Street 12 Magnolia Suite, Apt. #, etc. Suite, Apt. #, etc. 07032004 CR2E034 (10/03) ETN 12 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEADLEY, GWENDOLYN ANN 5405 JOHN ANDERSON HWY FLAGLER BCH, FL 32136 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. 1 am familiar with, and accept the obligations of registered agent 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. $\Box$ Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP TITLE Delete **HEADLEY, PAUL THADIUS** NAME % 5405 JOHN ANDERSON HWY STREET ADDRESS STREET ADDRESS FLAGLER BCH, FL 32136 CITY-ST-ZIP 32136 CITY-ST-ZIP Ann DP TITLE ☐ Delete TITLE ■ Addition Gwendol **HEADLEY, GWENDOLYN ANN** NAME Iteadlen STREET ADDRESS % 5405 JOHN ANDERSON HWY 12 magnolia STREET ADDRESS CITY-ST-ZIP FLAGLER BCH, FL 32136 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 in changed, or on an attachment with an address, with all other like empowered.

FILED