2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 8:00 am Secretary of State

DOCUMENT # P04000027996 1. Entity Name JOHN-CARDIN FLOORING SPECIALISTS, INC.						01-24-200:	5 90041 0	49 ***1:	50.00	
Principal Place of Business / Mailing Address .					-1_					
4205-C METZGER ROAD PO BOX 3486						400048	50			
FORT PIERCE, FL 34947 PORT-ST-EUGHE-FR- 349			984-			400040) L		٠,	
FT. PIERCE, FL 3			34948	-3486						
Principal Place of Business 3. Mailing Address				•						
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005	Chg-P	CR2E03	4 (10/03)			
City & Stat	е -	- City & State			76	17/12C	01		plied For	
Zip Country		Zip Country				0.7.7.25	7_/		t Applicable	
<u></u>	T Codina,	2.10	Codinity	9	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New R				
				Name						
CARDIN, JOHN			<u>-</u>	Characteristics (O.O. Baraki and A.						
4205-C METZGER ROAD				Street Address (P.O. Box Number is Not Acceptable)						
FORT PIERCE, FL 34947*				7						
				ity	· · · · · · · ·		7.5	T Zin Code		
o contract the second				•			FL	Zip Code	1	
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, typed or primied name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL' FEE IS \$450.00 9. Election Campaign Financing \$5.00 May 8e										
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.!			+	.00 May Be ed to Fees					
	ay 1, 2000 1 66 min 56 4000.						•			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TULE	P ** Delete		TITLE					Change	☐ Addition	
NAME	CARDIN, JOHN		NAME				•			
STREET ADDRESS CITY-ST-ZIP	PO BOX 3486 PORT - LINDIE - EL- 34884 FT. PIERCE, Ft. 34948		STREET ADD	3		•			,	
			1	MP			•			
,TITLE NAME	S CARDIN, CHRISTOPHER	☐ Delete	TITLE					☐ Change	☐ Addition	
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City-St-Zip	349		CITY-ST-Z	ZIP	***					
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	t certify that the information supplied with	this filing does not qualify for		<u></u>	otion 119 07/31	(i) Florida Statutes	I further certi	v that the in	nformation	
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										
of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.										