2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90046 040 ***150.00

DOCUMENT # P04000129342

1. Entity Name
GET DOWN FLOORING, INC.

Principal Place of Business	Mailing Address
306 PETALS RD. FORT PIERCE, FL 34947	306 PETALS RD. FORT PIERCE, FL 34947

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3090 DAME ROAD	3090 DAME ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT PIERCE, FL	City & State: FORT PIERCE, FL
Zip: 34981 Country: USA	Zip: 34981 Country: USA

4. FEI Number 26-0098232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, STEPHEN J 306 PETALS RD. FORT PIERCE, FL 34947	Name STEPHEN J. HARRIS Street Address (P.O. Box Number is Not Acceptable) 3090 DAME ROAD City FORT PIERCE FL Zip Code 34981

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 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 HARRIS, STEPHEN J 306 PETALS RD. FORT PIERCE, FL 34947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHEN J. HARRIS 3090 DAME ROAD FORT PIERCE, FL 34981 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, ABIGAIL D 306 PETALS RD. FORT PIERCE, FL 34947 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Abigail D. HARRIS 3090 DAME ROAD FORT PIERCE FL 34981 ☑ 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
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] ABIGAIL D. HARRIS 3/22/05 772-467-1361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #