

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047221

Entity Name: TAMPA CONTRACT FLOORS, INC.

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

4119 GUNN HWY # 15  
TAMPA, FL 33624

**New Principal Place of Business:**

4119 GUNN HWY # 15  
TAMPA, FL 33618

**Current Mailing Address:**

4119 GUNN HWY # 15  
TAMPA, FL 33624

**New Mailing Address:**

4119 GUNN HWY # 15  
TAMPA, FL 33618

FEI Number: 59-3514383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRUMAN, AARON P  
4119 GUNN HWY # 15  
TAMPA, FL 33624 US

**Name and Address of New Registered Agent:**

TRUMAN, AARON P  
4119 GUNN HWY # 15  
TAMPA, FL 33618 US

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: AARON TRUMAN

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRUMAN, AARON P  
Address: 4119 GUNN HWY # 15  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TRUMAN, AARON P  
Address: 4119 GUNN HWY # 15  
City-St-Zip: TAMPA, FL 33618

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: AARON TRUMAN

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date