

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90172 029 ***150.00



DOCUMENT # P04000076438

1. Entity Name

JOE DANIELS FLOOR COVERING INC.

Principal Place of Business

6613 GLEN MEADOW DRIVE
 LAKELAND FL 33810

Mailing Address

6613 GLEN MEADOW DRIVE
 LAKELAND FL 33810



2. Principal Place of Business

12000 Lakeland Acres Rd
 Suite, Apt. #, etc.

3. Mailing Address

12000 Lakeland Acres Rd
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State

Lakeland FL

City & State

Lakeland FL

4. FEI Number

201108282

Applied For

Not Applicable

Zip

33809

Country

FL

Zip

33809

Country

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, JOE
 6613 GLEN MEADOW DRIVE
 LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name: Daniels, Joe
 Street Address (P.O. Box Number is Not Acceptable):

12000 Lakeland Acres Rd
 City: Lakeland FL Zip Code: 33809

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: Joe Daniels

(NOTE Registered Agent signature required when reinstating)

4/20/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	DANIELS, JOE	
STREET ADDRESS	6613 GLEN MEADOW DRIVE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DANIELS, PAMELA	
STREET ADDRESS	6613 GLEN MEADOW DRIVE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joe Daniels

4/20/05 863 815-7645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #