

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

POIK

Zip

33809

Country

POIK

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

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
DPS
DANIELS, JOE
STREET ADDRESS
6613 GLEN MEADOW DRIVE
CITY-ST-ZIP
LAKELAND FL 33810 ☐ Delete

TITLE
NAME
VPT
DANIELS, PAMELA
STREET ADDRESS
6613 GLEN MEADOW DRIVE
CITY-ST-ZIP
LAKELAND FL 33810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Joe Daniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

863 815-7645

Daytime Phone #