## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000159114

Entity Name: GONCALVES FLOORING, INC

FILED Aug 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9810 BERNWOOD PLACE 3201 21ST ST SW

APT. #208 LEHIGH ACRES, FL 33971 FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

9810 BERNWOOD PLACE 3201 21ST ST SW

APT. #208 LEHIGH ACRES, FL 33971 FORT MYERS, FL 33912

FEI Number: 20-1944609 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MATLAND, RUDOLPH K
12995 SOUTH CLEVELAND AVENUE
SUITE 107

GONCALVES, VALMIR
3201 21ST ST SW
LEHIGHA CRES, FL 33971 US

FORT MYERS, FL 33907 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: VALMIR GONCALVES 08/15/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: PVST ( ) Delete Title: PT (X) Change ( ) Addition

 Name:
 GONCALVES, VALMIR
 Name:
 GONCALVES, VALMIR

 Address:
 9810 BERNWOOD PLACE APT. 208
 Address:
 3201 21ST ST SW

City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: LEHIGH ACRES, FL 33971

Title: ( ) Delete Title: T ( ) Change (X) Addition Name: GONCALVES, ALMIR

 Name:
 GONCALVES, ALMIR

 Address:
 Address:
 3201 21ST ST SW

 City-St-Zip:
 City-St-Zip:
 LEHIGH ACRES, FL 33971

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 MARTINS, VALNEI J

 Address:
 Address:
 3201 21ST ST SW

 City-St-Zip:
 City-St-Zip:
 LEHIGH ACRES, FL 33971

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: VALMIR GONCALVES PT 08/15/2005