

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091192

Entity Name: FLOOR REMOVAL, INC.**Current Principal Place of Business:**209 N BRIDGE CREEK DR
JACKSONVILLE, FL 32259**Current Mailing Address:**PO BOX 600792
JACKSONVILLE, FL 32260 US**FEI Number:** 26-0720470**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOZIK, DAVID C
209 N. BRIDGE CREEK DRIVE
JACKSONVILLE, FL 32259 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRES
Name	BOZIK, DAVID
Address	PO BOX 600792
City-State-Zip:	JACKSONVILLE FL 32260

Title	VP
Name	BOZIK, TAMMY
Address	PO BOX 600792
City-State-Zip:	JACKSONVILLE FL 32260

Title	SEC
Name	BOZIK, DAVID
Address	PO BOX 600792
City-State-Zip:	JACKSONVILLE FL 32260

Title	TREA
Name	BOZIK, DAVID
Address	PO BOX 600792
City-State-Zip:	JACKSONVILLE FL 32260

Title	DIR
Name	BOZIK, DAVID
Address	PO BOX 600792
City-State-Zip:	JACKSONVILLE FL 32260

I hereby 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 all other like empowered.

SIGNATURE: DAVID BOZIK

PRESIDENT

02/16/2014

Electronic Signature of Signing Officer/Director Detail_____
Date