


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**


04-01-2005 90003 005 \*\*\*150.00

<b>DOCUMENT # 420993</b>	
1. Entity Name <b>GONZALEZ FLOORING &amp; STONE, INC.</b>	

Principal Place of Business <b>6760 29TH AVE N. ST PETERSBURG FL 33710</b>	Mailing Address <b>6760 29TH AVE N. ST PETERSBURG FL 33710</b>
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2. Principal Place of Business <b>5220 - 59TH WAY N.</b>	3. Mailing Address <b>5220 - 59TH WAY N.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. PETERSBURG FL.</b>	City & State <b>ST. PETERSBURG FL.</b>
Zip <b>33709</b>	Zip <b>33709</b>
Country	Country

	
1st MOORE	CR2E034 (10/04)
4. FEI Number <b>59-1476640</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GONZALEZ, RAMON 6760 29TH AVE N. ST PETERSBURG FL</b>	7. Name and Address of New Registered Agent Name <b>GONZALEZ FRANCISCO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5220 - 59TH WAY N.</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33709</b>
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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.  
**GONZALEZ FRANCISCO (PRESIDENT)**  
SIGNATURE *Francisco Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD GONZALEZ, FRANCISCO 5220 59TH WAY N. ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ROSA 5220 59TH WAY N ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, RAMON 6760 29TH AVE N. ST PETERSBURG FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, BLANCA 6760 29TH AVE N. ST PETERSBURG FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

**GONZALEZ FRANCISCO (PRESIDENT)**  
SIGNATURE: *Francisco Gonzalez* 3/25/05 727-544-7565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #