


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90173 035 ***150.00

DOCUMENT # 516421 1. Entity Name CASTLE FLOOR COVERING, INC.			
Principal Place of Business 1340 CLEARVIEW AVENUE TAMPA, FL 33607		Mailing Address 1340 CLEARVIEW AVENUE TAMPA, FL 33607	
2. Principal Place of Business 2122 S Dale Mabry Hwy Suite, Apt. #, etc.		3. Mailing Address 11708 N. Orange Grove Drive Suite, Apt. #, etc.	
City & State Tampa, Florida Zip 33629		City & State Tampa, Florida Zip 33618	
4. FEI Number 59-1698808		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COX, LARRY J 1340 N CLEARVIEW AVE TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, LARRY J. 1340 N. CLEARVIEW AVE. TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COX, LARRY J 11708 N. ORANGE GROVE DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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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 an other like empowered.			
SIGNATURE: <i>Larry Cox</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-04 93-629-1835 Date Daytime Phone #	

LARRY COX