


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000005765	
1. Entity Name FLOORS, INC. OF MARYLAND	

Principal Place of Business C/O THE HOME DEPOT, INC. 2455 PACES FERRY ROAD ATLANTA, GA 30339	Mailing Address C/O THE HOME DEPOT, INC. 2455 PACES FERRY ROAD ATLANTA, GA 30339
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DO NOT WRITE IN THIS SPACE



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1009987	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BLAKE, FRANCIS S 2455 PACES FERRY ROAD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FERNANDEZ, FRANK L 2455 PACES FERRY ROAD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TOME, CAROL B 2455 PACES FERRY ROAD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FIKSE, MARK E 2455 PACES FERRY ROAD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MAZZONE, DOMINIC C 2455 PACES FERRY RD ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/04/04-80004-018 150.00

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: 	Frank L. Fernandez, Secretary	7/21/04	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				