

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F04000004191

1. Entity Name  
FLOORE INDUSTRIAL CONTRACTORS, INC.



Principal Place of Business

4401-4 WILSON SPRINGS ROAD  
MOSS POINT, MS 39562

Mailing Address

4401-4 WILSON SPRINGS ROAD  
MOSS POINT, MS 39562



06292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-0840848

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STREET, JOSEPH M  
654 TIMBER RIDGE ROAD  
PENSACOLA, FL 32534

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME FLOORE, PRENTISS G  
STREET ADDRESS 4401-4 WILSON SPRINGS ROAD  
CITY-ST-ZIP MOSS POINT, MS 39562

TITLE VCVF  
NAME FLOORE, MARK  
STREET ADDRESS 4401-4 WILSON SPRINGS ROAD  
CITY-ST-ZIP MOSS POINT, MS 39562

TITLE D  
NAME HANNING, GARY  
STREET ADDRESS 4401-4 WILSON SPRINGS ROAD  
CITY-ST-ZIP MOSS POINT, MS 39562

TITLE S  
NAME SCARBROUGH, D.E.  
STREET ADDRESS 4401-4 WILSON SPRINGS ROAD  
CITY-ST-ZIP MOSS POINT, MS 39562

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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09/12/05-80001-007 558.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*Prentiss G. Floore, Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/05

Date

228-475-3999

Daytime Phone #