

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # F99000003104**

1. Entity Name  
**GEORGIA FLOORING SPECIALIST, INC.**



FILED  
05 NOV 29 PM 11: 37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>999 BURNT HICKORY RD SUITE 16 DOUGLASVILLE, GA 30134</b>	Mailing Address <b>999 BURNT HICKORY RD SUITE 16 DOUGLASVILLE, GA 30134</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11102005 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-2359748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~CORPORATE CREATIONS ENTERPRISES INC.~~  
~~941 4TH STREET~~  
~~2ND FLOOR~~  
~~MIAMI BEACH, FL 33139~~

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">P</td> <td style="width: 70%;">PATUKA, PAUL</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">999 BURNT HICKORY RD DOUGLASVILLE, GA 30134</td> </tr> </table>	P	PATUKA, PAUL	<input type="checkbox"/> Delete	999 BURNT HICKORY RD DOUGLASVILLE, GA 30134		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
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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:** Paul Patuka 11/17/05 770920-0046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #