

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90040 018 \*\*\*150.00

**DOCUMENT # J98667**

1. Entity Name  
**SARASOTA WHOLESALE FLOORING, INC.**



Principal Place of Business  
**% HARVEY GREENBAUM  
1931 13TH ST  
SARASOTA, FL 34236 US**

Mailing Address  
**% HARVEY GREENBAUM  
1931 13TH ST  
SARASOTA, FL 34236 US**



02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0020465</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b>              |

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

**GREENBAUM, HARVEY  
1931 13TH ST.  
SARASOTA, FL 34236**

**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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                |                               |
|----------------|-------------------------------|
| TITLE          | <b>D</b>                      |
| NAME           | <b>GREENBAUM, HARVEY R.</b>   |
| STREET ADDRESS | <b>6826 TURNBERRY ISLE CT</b> |
| CITY-ST-ZIP    | <b>BRADENTON, FL 34202</b>    |

|                |                            |
|----------------|----------------------------|
| TITLE          | <b>PRESIDENT</b>           |
| NAME           | <b>GREENBAUM, GLENN F</b>  |
| STREET ADDRESS | <b>5232 SIESTA COVE DR</b> |
| CITY-ST-ZIP    | <b>SARASOTA, FL 34242</b>  |

|                |                           |
|----------------|---------------------------|
| TITLE          | <b>ST</b>                 |
| NAME           | <b>GRIFFIN, SUSETTE M</b> |
| STREET ADDRESS | <b>3805 89TH ST EAST</b>  |
| CITY-ST-ZIP    | <b>PALMETTO, FL 34230</b> |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GLENN F. GREENBAUM V.P.**

Date

**3-25-05**

Daytime Phone #

**941-232-1832**