## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 12, 2004 08:00 AM Secretary of State

DOCUMENT # K67751	
-------------------	--

1. Entity Name

FLOOR TECH SUPPLIES, INC.



Principal Place of Business

KIRKMAN COMMERCE CENTER

739 KIRKMAN RD. ORLANDO, FL 32811 US Mailing Address

% TERRY AND FRAZIER, P.A. 125 EAST JEFFERSON ST. ORLANDO, FL 32801



04052004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2932861

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, T SCOTT 125 EAST JEFFERSON ST. ORLANDO, FL 32801

## 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 tille if applicable (NOTE Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY:ST-ZIP	D WERY, CAMILLE W 10568 MOORE ROAD GOTHA, FL 34734				0000001 <b>09761</b> 04/12/04-8 <b>0</b> 05 <b>6-01</b> 9 <b>150.0</b> 0		
TITLE NAME STREET ADDRESS CITY - ST - ZIP							
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP							
TIFLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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: \_

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Cam Wery, Director 3/09/04/107-297-7468