


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jun 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # K87220  
 1. Entity Name  
 TRADITIONAL FLOORCOVERING OF FLORIDA, INC.



Principal Place of Business 4605 L.B. MCLEOD RD # 400 ORLANDO, FL 32811	Mailing Address 4605 L.B. MCLEOD RD # 400 ORLANDO, FL 32811
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**DO NOT WRITE IN THIS SPACE**



05132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2945732	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPADE, STEVEN E.  
 4605 LB MCLEAD RD #400  
 ORLANDO, FL 32811

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

**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

1100000369821  
 06/27/05-80004-020 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPADE, STEVEN E. 12906 LAKEVIEW POINT CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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 lists empowered.

SIGNATURE:  DATE: 6-27-05 DAYTIME PHONE #: 407-367-0120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR