

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90035 047 \*\*\*150.00

**DOCUMENT # L07611**

1. Entity Name  
**FLAGLER FLOORING, INC.**



Principal Place of Business  
**2515 MOODY BLVD.  
P. O. BOX 1999  
FLAGLER BEACH, FL 32136**

Mailing Address  
**2515 MOODY BLVD.  
P. O. BOX 1999  
FLAGLER BEACH, FL 32136**

2. Principal Place of Business  
**256 LANVALE AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**DAYTONA BEACH FL**

City & State

Zip  
**32114**

Country  
**USA**

Zip

Country

02212004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2970516**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, KENNETH R.  
2515 MOODY BLVD.  
STATE ROAD 100  
FLAGLER BEACH, FL 32136

Name  
**KENNETH R FORD**

Street Address (P.O. Box Number is Not Acceptable)  
**256 S. LANVALE AVE**

City  
**DAYTONA BEACH FL** Zip Code  
**32114**

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 **Kenneth R Ford**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02-21-04**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FORD, KENNETH R.  
256 S LANVALE AVE  
DAYTONA BEACH, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

**Kenneth R Ford**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-21-04 386-257-6829**  
Date Daytime Phone #