

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90049 043 ***150.00

DOCUMENT # L08316

1. Entity Name
FLOORS ALIVE OF FLORIDA, INC.



Principal Place of Business
**4996 PALM COAST
2-43
PALM COAST, FL 32137 US**

Mailing Address
**4996 PALM COAST PKWY. N.W.
2-48
PALM COAST, FL 32137 US**

60005174



2. Principal Place of Business
**2255 E Hwy. 100
Suite, Apt. #, etc.**

3. Mailing Address
**2255 EAST HWY 100
Suite, Apt. #, etc.**

01172006 Chg-P CR2E034 (11/05)

City & State
BUNNELL, FLORIDA
Zip
32110
Country
USA

City & State
BUNNELL, FL
Zip
32110
Country
USA

4. FEI Number
59-2971996
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER STACY
4996 PALM COAST PARKWAY NW
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name
STACY WALKER
Street Address (P.O. Box Number is Not Acceptable)
2255 EAST HWY. 100
City
BUNNELL FL Zip Code
32110

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 *Stacy Lee Walker*
Signature, typed or printed name of registered agent and title if applicable.

1-18-06
DATE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**PD
WALKER, MICHAEL
525 LOWNDES
ORMOND BEACH, FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALKER, STACY
21 CEDARWOOD COURT
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WALKER, STACY
315 DIAMOND TR.
HASTINGS, FL** ☐ Change ☐ Addition
(New address only)

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stacy Lee Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06 **386-437-0018**
Date Daytime Phone #