


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90020 020 ***150.00

DOCUMENT # L31793			
1. Entity Name SIMPLY FLOORING SERVICES COMPANY			
Principal Place of Business 36929 TAYLOR MILL ROAD FRUITLAND PARK FL 34731 US		Mailing Address 36929 TAYLOR MILL ROAD FRUITLAND PARK FL 34731 US	
2. Principal Place of Business 32117 Woodvine Dr		3. Mailing Address 32117 Woodvine Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sorrento FL		City & State Sorrento FL	
Zip 32776-8610	Country LAKE	Zip 32776-8610	Country LAKE
6. Name and Address of Current Registered Agent MATHIS, KAREN K. 4800 SEABOARD AVE JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent Name KAREN K. SKELTON Street Address (P.O. Box Number is Not Acceptable) 974 FROST ST EAST City JACKSONVILLE FL Zip Code 32221	
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 <i>Karen K. Skelton</i> KAREN K. SKELTON DATE 3-3-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DS MATHIS, KAREN K. 6323 CLARET DRIVE JACKSONVILLE FL 32210	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MEEKS, DERRELL L 36929 TAYLOR MILL ROAD FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Karen K. Skelton</i> KAREN K. SKELTON		Date 3-3-04 Daytime Phone # 904-378-2469	



MOORE CR2E034 (11/03)