2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L33172

Entity Name: MANICURED FLOORS, INC.

Current Principal Place of Business:

4960 13 AVE. NORTH
ST. PETERSBURG, 33 33710 US

New Principal Place of Business:

Current Mailing Address:

4960 13 AVE. NORTH
ST. PETERSBURG, 33 33710 US

New Mailing Address:

FEI Number: 59-2989431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWSON, DONALD E
4960 13 AVE N
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: LAWSON, DONALD E.,
Address: 4925 28TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete
Name: LAWSON, DONALD E.,
Address: 4925 28TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL

Title: VP ( ) Delete
Name: KLEEN, TIMONTHY
Address: 225 29TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: V (X) Delete
Name: STEPHENS, KELLY
Address: 7358 46 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: LAWSON, DONALD E.,
Address: 4925 28TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D (X) Change ( ) Addition
Name: LAWSON, DONALD E.,
Address: 4925 28TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: VP (X) Change ( ) Addition
Name: KLEIN, TIMOTHY
Address: 301 43RD AVE., NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. LAWSON PST 04/18/2005

Electronic Signature of Signing Officer or Director Date