

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90055 003 \*\*\*\*61.25

**DOCUMENT # N93000003360**

1. Entity Name  
**CENTRAL FLORIDA FLOORCOVERING ASSOCIATION, INC.**



Principal Place of Business  
**CFFA  
P.O. BOX 272409  
TAMPA, FL 33688-2409**

Mailing Address  
**CFFA  
P.O. BOX 272409  
TAMPA, FL 33688-2409**

**50006295**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3194231**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HART, PENNY  
4602 E 7TH AVE  
TAMPA, FL 33605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
KELLER, ED  
527 HUMPHRIES RD.  
SAFETY HARBOR, FL 34695** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Pres.  
Pat Marlowe  
9136 Seminole Blvd.  
Largo, FL 33774** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KRASINSKI, STEVE  
4602 E. 7TH AVE.  
TAMPA, FL 33605** ☐ Delete *same*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CAREY, JERRY  
6262 142ND AVE. N. #504  
CLEARWATER, FL 34620** ☐ Delete *same*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KELLER, BLAIR  
527 HUMPHRIES RD.  
SAFETY HARBOR, FL 34695** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Sect.  
Nancy Trautner  
2970 Pinewood Run  
Palm Harbor, FL 34684** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HART, PENNY  
4602 E. BROADWAY  
TAMPA, FL 33605** ☐ Delete *same*

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
TRAUTNER, JERRY  
1007 N. FORT HARRISON AVE.  
CLEARWATER, FL 33755** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director** ☒ 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 617, 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:

*Penny Hart*  
**Penny Hart**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-05**

Date

Daytime Phone #