


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90103 036 \*\*\*150.00

<b>DOCUMENT # P00000010520</b> 1. Entity Name <b>FLOOR CONCEPTS OF DESTIN, CORP.</b>					
Principal Place of Business <b>11275 EMERALD COAST PARKWAY UNIT 4 DESTIN, FL 32541</b>			Mailing Address <b>11275 EMERALD COAST PARKWAY UNIT 4 DESTIN, FL 32541</b>		
2. Principal Place of Business <b>99 Cayman Cove</b> Suite, Apt. #, etc.		3. Mailing Address <b>99 Cayman Cove</b> Suite, Apt. #, etc.			
City & State <b>Destin, Florida</b>		City & State <b>Destin, Florida</b>		4. FEI Number <b>76-0629813</b>	
Zip <b>32541</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, DAVID 11275 EMERALD COAST PARKWAY UNIT 4 DESTIN, FL 32550</b>			7. Name and Address of New Registered Agent Name <b>David Williams</b> Street Address (P.O. Box Number is Not Acceptable) <b>99 Cayman Cove</b> City <b>DESTIN</b> <b>FL</b> Zip Code <b>32541</b>		
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 <u><i>David G. Williams</i></u> <b>David Williams</b> <b>1-26-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>WILLIAMS, DAVID G</b> <input type="checkbox"/> Delete <b>11275 EMERALD COAST PKWY W 44</b> <b>DESTIN, FL 32550</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Williams, David G.</b> <b>99 Cayman Cove</b> <b>Destin, Florida 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Treasurer</b> <b>Williams, Joann</b> <b>99 Cayman Cove</b> <b>Destin, Florida 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>WILLIAMS, JOANN</b> <input type="checkbox"/> Delete <b>11275 EMERALD COAST PKWY W 44</b> <b>DESTIN, FL 32550</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for officers/directors)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for officers/directors)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for officers/directors)		TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty row for additions/changes)	
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: <u><i>David G. Williams</i></u> <b>David Williams</b> <b>Pres. 1-26-04</b> <b>850 654 5456</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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