

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P00000017718

1. Entity Name

C&R Decorative Surfaces, Inc.



FILED

11 JUN -3 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business, No P.O. Box #

7435-2nd Ave. N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13174

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3626624

Applied For

Not Applicable

Zip

33710

Country

USA

Zip

33713-3174

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Rodney J. Johnson

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

7435-2nd Ave. N.

City

St. Petersburg

FL

Zip Code

33710

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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

Rodney J. Johnson

5/30/2011

Signature must be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

JEANNE313@MSN.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	Pres. V.P. Sec./Treas
NAME	Rodney J. Johnson
STREET ADDRESS	7435-2nd Ave. N.
CITY-ST-ZIP	St. Petersburg, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

AVB

300207109083

05/03/11-01022-023 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.

SIGNATURE:

Rodney J. Johnson

5/30/2011 (727)415-6731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #