

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90010 036 ***150.00

DOCUMENT # P00000034245	
1. Entity Name NAPLES FLOORING GALLERY, INC.	

Principal Place of Business 771 AIRPORT RD. N NAPLES FL 34104	Mailing Address 771 AIRPORT RD. N NAPLES FL 34104
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2. Principal Place of Business Naples Flooring Gallery, Inc.	3. Mailing Address Same
Suite, Apt. #, etc. 771 N. Airport Rd. Ste 2	Suite, Apt. #, etc. Same
City & State Naples, Florida	City & State Same
Zip 34104	Country Collier



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3636645	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INGHAM, CARL 771 AIRPORT RD. N Suite 2 NAPLES FL 34104	
7. Name and Address of New Registered Agent Name Ingham, Carl Street Address (P.O. Box Number is Not Acceptable) 771 N. Airport Rd. Suite 2 City Naples FL Zip Code 34104	

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.

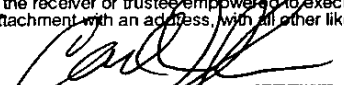
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP INGHAM, CARL 6933 WELLINGTON DRIVE NAPLES FL 34109 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RICEMAN, KENTON 218 ST JAMES PL NAPLES FL 34104 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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:  **CARL INGHAM** 1-30-05 239-436-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #