ANNUAL REPORT

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DOCUMENT # P00000042058						,
1. Entity Name JOE CIRACO FLOORING, INC.						
302 0110 1 200 (Mo, 1110).				FILED		
Principal Plac	e of Business	Mailing Address		(04 JAN 14 PM	1 5: 14
717 SE 30TH OCALA, FL 3		717 SE 30TH AVENUE OCALA, FL 34471		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
		OWELL DITT		I A	LLAHASSI'E. F	LORIDA
				a g	, , , , , ,	0.,14F&
DO NOT WRITE IN THIS SPACE				01062004 No Chg-P CR2E034 (10/03)		
				4. FEI Number Applied For		
				65-1006034 Not Applicable 5. Certificate of Status Desired S8.75 Additional		
	6. Name and Address of Ci	urrent Registered Agent		5. Certificate	or Status Desired	Fee Required
CIRACO, JOE						
717 SE 30TH AVENUE				DO NOT WRITE		
OCALA, FL 34471				IN THIS SPACE		
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						
	Signature, typed or printed name of registers	ad agent and title if applicable. (NOTE: Reg	istered Agent signature require	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.		S AND DIRECTORS				
TITLE NAME	V CIRACO, MILDRED					
STREET ADDRESS	717 SE 30TH AVENUE					
CITY-ST-ZIP	OCALA, FL 34471			01/16	1002711 /04010620	2 84 7 ⁰³ **150.00
title Name		•				
STREET ADDRESS CITY-ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·		\dashv			
NAME STREET ADDRESS					A	
CITY-ST-ZIP	<u> </u>	***		טט	NOT WE	(IIE
TITLE NAME				IN:	THIS SPA	ACE
STREET ADDRESS City-St-Zip						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS						
12. I hereby	certify that the information suppli	ed with this filing does not qualify for the	exemption stated in S	ection 119.07(3)	(i). Florida Statutes. I fu	rther certify that the information
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.						
SIGNAT	Soi i	a Cinno N	ildred Pin	Ecc. 1/P	1-9-14	352.1727-8209
JIGITAI	SIGNATURE AND TY	PED OR PRINTED HAME OF SIGNING OFFICER OR D	RECTOR	iriv -VI	Date	Deytime Phone #

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