

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90082 010 \*\*\*150.00

DOCUMENT # P00000077492

1. Entity Name

ELITE FLOORING, INC.



Principal Place of Business

4653 PINE GROVE DR  
DELRAY BEACH FL 33445

Mailing Address

P.O. BOX 7554  
DELRAY BEACH FL 33482

2. Principal Place of Business

4653 PINE GROVE DR

Suite, Apt. #, etc.

DELRAY BCH

City & State

FL

3. Mailing Address

PO BOX 7554

Suite, Apt. #, etc.

DELRAY BCH

City & State

FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-1034184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE JESUS, WILFREDO JR  
4653 PINE GROVE DRIVE  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name **WILFREDO DEJESUS**

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

DEPART **4653 PINE GROVE DR.**

**DELRAY BCH**

FL

Zip Code

**33445**

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

**2-12-05**

**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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **DE JESUS, WILFREDO JR**  
STREET ADDRESS **4653 PINE GROVE DRIVE**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-12-05**