

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90048 011 \*\*\*150.00

**DOCUMENT # P00000083581**

1. Entity Name  
**FLOORS 2 GO, INC.**



Principal Place of Business

**4239 13TH ST  
KISSIMMEE, FL 34744  
ST. CLOUD, FL 34769**

Mailing Address

**4239 13TH ST  
KISSIMMEE, FL 34744  
ST. CLOUD, FL 34769**

**50032540**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005 Chg-P- CR2E034 (10/03) -

4. FEI Number  
**59-3659195**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MUNEZ, HILDA  
4239 13TH STREET  
ST. CLOUD, FL 34769**

7. Name and Address of New Registered Agent

Name **RICHARD REYES**  
Street Address (P.O. Box Number is Not Acceptable)  
**2264 JESSICA LN.**  
City **KISSIMMEE FL** Zip Code **34744**

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

*X Richard Reyes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/2/05**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PTSD** ☒ Delete  
STREET ADDRESS **NUNEZ, HILDA L**  
CITY-ST-ZIP **2264 JESSICA LN.  
KISSIMMEE, FL 34744**

TITLE **PTSD** ☒ Change ☐ Addition  
NAME **RICHARD REYES**  
STREET ADDRESS **2264 JESSICA LN.**  
CITY-ST-ZIP **KISSIMMEE, FL 34744**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

*X Richard Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/05**

Date

**407-908-8578**

Daytime Phone #