


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90028 042 \*\*\*150.00

|   |   |  |   |
|---|---|--|---|
| <b>DOCUMENT # P00000084108</b>  |   |   |   |
| 1. Entity Name<br>FLOORING GALLERY, INC.  |   |  |   |
| Principal Place of Business<br>3814 SOUTH NINE DRIVE<br>VALRICO, FL 33594   |   | Mailing Address<br>3814 SOUTH NINE DRIVE<br>VALRICO, FL 33594  |   |
| 2. Principal Place of Business<br>9329 E. Adamo Dr.<br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br>9329 E. Adamo Dr.<br>Suite, Apt. #, etc.   |   |
| City & State<br>Tampa, FL   |   | City & State<br>Tampa, FL  |   |
| Zip<br>33619  | Country<br>USA  | Zip<br>33619   | Country<br>USA  |
| 6. Name and Address of Current Registered Agent<br>ASHBY, RUFUS<br>3814 SOUTH NINE DRIVE<br>VALRICO, FL 33594   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees        |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br>ASHBY, RUFUS<br>3814 SOUTH NINE DRIVE<br>VALRICO, FL 33594 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AUER, TERIE E<br>3814 S NINE DR<br>VALRICO, FL 33594 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____  |   | Date: 2-07-04 813-628-9630   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Daytime Phone #  |   |

44025109



01082004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3670908

Applied For  
Not Applicable

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