
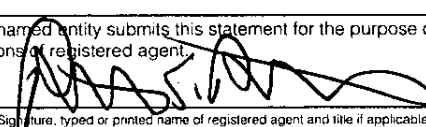



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90015 023 \*\*\*150.00

<b>DOCUMENT # P00000116403</b> 1. Entity Name <b>FLOOR COVERINGS, INC.</b>					
Principal Place of Business <b>2860 22ND AVE. N. ST. PETERSBURG FL 33713</b>			Mailing Address <b>2860 22ND AVE. N. ST. PETERSBURG FL 33713</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CLAUSER, JUDITH R 828 28TH AVE. N. ST. PETERSBURG FL 33704</b>			Name <b>Peter S. Beale</b> Street Address (P.O. Box Number is Not Acceptable) <b>4065 42nd Av. So.</b>  City <b>St. Petersburg</b> <b>FL</b> Zip Code <b>33711</b>		
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  <b>Peter S. Beale</b> DATE <b>2-3-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	NAME CLAUSER, JUDITH R		TITLE President	NAME Walt Hoambrecker	
STREET ADDRESS 828 28TH AVE. N.	CITY-ST-ZIP SAINT PETERSBURG FL 33704		STREET ADDRESS 6256 28th Terr. N.	CITY-ST-ZIP St Petersburg FL 33710	
TITLE 	NAME 		TITLE Vice President	NAME Joseph D. Manning	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2721 Via Murano Apt. #329	CITY-ST-ZIP Clearwater FL 33764	
TITLE 	NAME 		TITLE Vice President	NAME Brian Manning	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 245 38th Av. NE.	CITY-ST-ZIP St Petersburg, FL 33704	
TITLE 	NAME 		TITLE Vice President	NAME Peter Beale	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 4065 42nd Av. So.	CITY-ST-ZIP St. Petersburg, FL 33711	
TITLE 	NAME 		TITLE Sec. - Treasurer	NAME Allen Perry	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 5367 46th Av. N.	CITY-ST-ZIP St Petersburg, FL 33709	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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:  - Walt Hoambrecker			Date <b>2-3-04</b> Daytime Phone # <b>727-321-9590</b>		

4400J070



MOORE CR2E034 (11/03)

4. FEI Number **65-1081959** Applied For ☐ Not Applicable ☐

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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 VP	NAME CLAUSER, JUDITH R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 828 28TH AVE. N.	CITY-ST-ZIP SAINT PETERSBURG FL 33704	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President	NAME Walt Hoambrecker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6256 28th Terr. N.	CITY-ST-ZIP St Petersburg FL 33710	
TITLE Vice President	NAME Joseph D. Manning	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2721 Via Murano Apt. #329	CITY-ST-ZIP Clearwater FL 33764	
TITLE Vice President	NAME Brian Manning	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 245 38th Av. NE.	CITY-ST-ZIP St Petersburg, FL 33704	
TITLE Vice President	NAME Peter Beale	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4065 42nd Av. So.	CITY-ST-ZIP St. Petersburg, FL 33711	
TITLE Sec. - Treasurer	NAME Allen Perry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5367 46th Av. N.	CITY-ST-ZIP St Petersburg, FL 33709	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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:  - Walt Hoambrecker Date **2-3-04** Daytime Phone # **727-321-9590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #