

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90009 040 \*\*\*150.00

**DOCUMENT # P00000116403**

**1. Entity Name**

**FLOOR COVERINGS, INC.**



**Principal Place of Business**

**2860 22ND AVE. N.  
ST. PETERSBURG FL 33713**

**Mailing Address**

**2860 22ND AVE. N.  
ST. PETERSBURG FL 33713**

**400000111**



**1st MOORE CR2E034 (10/04)**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**4. FEI Number**

**65-1081959**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BEALE, PETER S  
4065 42ND AVE. SO  
SAINT PETERSBURG FL 33711**

**Name**

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

**City**

**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**

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

**(NOTE: Registered Agent signature required when reinstating)**

**DATE**

**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** **P Hoambrecker** ☐ Delete  
**NAME** **HOAMBRÉCKER, WALT**  
**STREET ADDRESS** **6256 28TH TERR. N.**  
**CITY-ST-ZIP** **SAINT PETERSBURG FL 33710**

**TITLE** **VP** ☐ Delete  
**NAME** **MANNING, JOSEPH D**  
**STREET ADDRESS** **2721 VIA MURANO APT #329**  
**CITY-ST-ZIP** **CLEARWATER FL 33764**

**TITLE** **VP** ☐ Delete  
**NAME** **MANNING, BRIAN**  
**STREET ADDRESS** **245 38TH AVE NE**  
**CITY-ST-ZIP** **SAINT PETERSBURG FL 33704**

**TITLE** **VP** ☐ Delete  
**NAME** **BEALE, PETER**  
**STREET ADDRESS** **4065 42ND AVE S.**  
**CITY-ST-ZIP** **SAINT PETERSBURG FL 33711**

**TITLE** **ST** ☐ Delete  
**NAME** **PERRY, ALLEN**  
**STREET ADDRESS** **5367 46TH AVE N.**  
**CITY-ST-ZIP** **SAINT PETERSBURG FL 33709**

**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  
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**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: Walt Hoambrecker Walt Hoambrecker 1-20-05 727-321-9590**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**