


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 02, 2004 08:00 AM
Secretary of State**

*Fax
to Jerry
3/11/04*

DOCUMENT # P01000007212 1. Entity Name PRO FLOOR TECHNOLOGY INC.	
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Principal Place of Business 1055 S BROOKFIELD DR LECANTO, FL 34461	Mailing Address 1055 S BROOKFIELD DR LECANTO, FL 34461
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03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3695189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RICE, ELDIS 1055 S BROOKFIELD DRIVE LECANTO, FL 34461

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RICE, ELDIS 1055 S BROOKFIELD DR LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ROBERTS, MARY 9020 N AREADRA STREET DUNNELLON, FL 34434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RICE, RICHARD 1165 N SLOAN TERRACE LECANTO, FL 33461
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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07/02/04-80002-013 550.00

**DO NOT WRITE
IN THIS SPACE**

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]* **CPA**
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/04 **631-543-5535**
Date Day to Phone #