

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90012 038 ***150.00

DOCUMENT # P01000019857

1. Entity Name

FIRST STOP FLOORING, INC.



Principal Place of Business

2209 CORNELL DRIVE
RIVERVIEW, FL 33569

Mailing Address

P.O BOX 6063
BRANDON FL 33508

2. Principal Place of Business

1413 LAKE LUCERNE WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite # 304

City & State

BRANDON, FLORIDA

City & State

Zip

33511

Country

HILLSBOROUGH

Zip

Country

4. FEI Number

59-3718219

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JAMES E III

2209 CORNELL DRIVE
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name

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

1413 LAKE LUCERNE WAY
SUITE # 304

City

BRANDON

FL

Zip Code

33511

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, 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 D ☐ Delete
NAME DAVIS, JAMES E III
STREET ADDRESS 2209 CORNELL DRIVE
CITY-ST-ZIP RIVERVIEW FL 33569

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS 1413 LAKE LUCERNE WAY STE # 304
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Delete
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CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E. DAVIS III

2/24/2004

813 477 3675