


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-24-2004 90025 033 \*\*\*150.00

<b>DOCUMENT # P01000020980</b>	
1. Entity Name FLOOR COVERINGS OF SUNSET, INC.	

Principal Place of Business 24099 US HIGHWAY, #19 N CLEARWATER FL 33763	Mailing Address 24099 US HIGHWAY, #19 N CLEARWATER FL 33763
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2. Principal Place of Business <i>See above</i>	3. Mailing Address <i>See above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 59-3708276	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  CLAUSER, JUDITH R 828 28 AVE N ST PETERSBURG FL 33704		7. Name and Address of New Registered Agent Name -ROBERT W. BAHR- Street Address (P.O. Box Number is Not Acceptable) 24099 U.S. HIGHWAY 19 N CLEARWATER City FL Zip Code 33763	
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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 *Robert W Bahr Pres.* DATE 1-30-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, JOSEPH 2397 LAKEWOOD DR DUNEDIN FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANNING, BRIAN 245 38TH AVE NE SAINT PETERSBURG FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEW, ETHAN 6129 BAYSIDE KEY TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAHR, BOB 9475 TARA CAY CT SEMINOLE FL 33776	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT W BAHR 9475 TARA CAY CT SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARIAMME BAHR 12484 MONARCH CIR. SEMINOLE FL 33772	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GERALDINE BAHR 9475 TARA CAY CT SEMINOLE FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: *Robert W Bahr* DATE: 1-30-04 DAYTIME PHONE #: 777-726-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR