

Amended

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000040819

1. Entity Name
STRAIGHT UP FLOORING, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:35

Principal Place of Business
~~PO BOX 7142~~ ~~JACKSONVILLE, FL 32238-7142~~
7176 Cardinal St
Jacksonville, FL 32240
IFLOHOME, FL 32140

Mailing Address
~~PO BOX 7142~~ ~~JACKSONVILLE, FL 32238-7142~~
7176 Cardinal St
Jacksonville, FL 32240



DO NOT WRITE IN THIS SPACE

05122005 No Chg-P CR2E034 (10/03) change

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURRAN, ROBERT H
5399 110TH STREET
JACKSONVILLE, FL 32244

RICKY PARKER
7176 CARDINAL ST
FLORAHOME, FL 32140

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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

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	NO LONGER AFFILIATED
NAME	CURRAN, ROBERT H	
STREET ADDRESS	5399 110TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	OWNER	7176 CARDINAL ST FLORAHOME, FL 32140
NAME	PARKER, RICKY L	
STREET ADDRESS	5399 110TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE	D	NO LONGER AFFILIATED
NAME	GRIMLEY, PAUL H	
STREET ADDRESS	5399 110TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100082265151
12/04/06--01063--017 **150.00

800082821728
12/28/06--01033--025 **61.25

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAC

5/12/05

Date

Daytime Phone #