

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **PO1000043607**



1. Entity Name

PRESTIGE FLOOR STORE INC

FILED

2011 JUN -7 PM 2:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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2. Principal Place of Business - No P.O. Box #

29870 US 19 NO

Suite, Apt. #, etc.

3. Mailing Address

10815 US 19 NO

Suite, Apt. #, etc.

CR2E034B (11/08)

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

593720599

Applied For

Not Applicable

Zip

33761

Country

PINELLAS

Zip

33764

Country

PINELLAS

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lori L. Smith

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

10815 US 19 NO

City

CLEARWATER, FL FL

Zip Code

33764

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended AR is **\$61.25**

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

**PRESIDENT
LORI L SMITH
10815 US 19 NO
CLEARWATER, FL 33764**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**100208575291
06/07/11--01011--016 **150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address with all other like empowered

SIGNATURE: **LORENE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/11

727-371-9998

Date

Daytime Phone #