

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90038 006 ***150.00

DOCUMENT # P01000070485

1. Entity Name
THE LAMINATE STORE INTERNATIONAL, INC.



Principal Place of Business
**4010 SW 30TH AVE
FT LAUDERDALE, FL 33312**

Mailing Address
**PO BOX 638
MOUNT AIRY, MD 21771**

54034765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132034

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1123089

Applied For

Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELDERKIN, MICHAEL
4010 SW 30TH AVE
FT LAUDERDALE, FL 33312**

Name

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

6312 Marbella Blvd

City

Apollo

FL

Zip Code 33572

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete
NAME **JOHNSON, JR., JAMES**
STREET ADDRESS **8835 ST RD 84**
CITY-ST-ZIP **DAVIE, FL 33324**

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

TITLE **VDS** ☐ Delete
NAME **ELDERKIN, MIKE**
STREET ADDRESS **4914 NW 91 TERR.**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **VDS** ☒ Change ☐ Addition
NAME **ELDERKIN, MICHAEL SR.**
STREET ADDRESS **6312 Marbella Blvd**
CITY-ST-ZIP **Apollo, FL 33572**

TITLE **T** ☐ Delete
NAME **KRUEGER, KAREN**
STREET ADDRESS **14924 CHELSEA CIRCLE**
CITY-ST-ZIP **MOUNT AIRY, MD 21771**

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

TITLE **S** ☐ Delete
NAME **KRUEGER, KAREN**
STREET ADDRESS **14924 CHELSEA CIRCLE**
CITY-ST-ZIP **MOUNT AIRY, MD 21771**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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

4/12/04

Date

301829.6136

Daytime Phone #