


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90012 009 ***150.00

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1. Entity Name
FANTASTIC FLOOR COVERING, INC.



Principal Place of Business 3100 22ND AVENUE NORTH ST PETERSBURG, FL 33713	Mailing Address 3100 22ND AVENUE NORTH ST PETERSBURG, FL 33713
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24027679



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

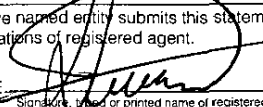
4. FEI Number 75-2998284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIRILLAS, ATHANASIOS
 9410 INTERNATIONAL COURT NORTH
 ST PETERSBURG, FL 33716

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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:  _____ DATE: _____

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

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	DPT SIRILLAS, ATHANASIOS 5515 110TH AVENUE NORTH #G208 PINELLAS PARK, FL 33782 <i>New address</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SIRILLAS, KONSTANTINOS 1230 S MISSOURI AVENUE #709 CLEARWATER, FL 33756 <i>New address</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAMPBELL, DON 3100 22ND AVENUE NORTH ST PETERSBURG, FL 33713 <i>New address</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1739 Tyrone Blvd N. St. Petersburg Fl. 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  _____ DATE: *March 16/04* _____ DAYTIME PHONE # _____

Signature and typed or printed name of signing officer or director