

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

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 ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 (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

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

**DO NOT WRITE
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: (NOTE: Registered Agent signature required when reinstating)

March 16/04

Date Daytime Phone #