

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-23-2004 90012 009 ***150.00

DOCUMENT # P02000016760

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 |
|------------------------------------|-------------------------------|

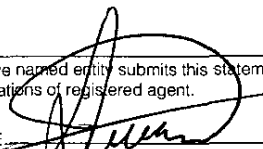
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 | DPT | <i>New address</i> |
| NAME | SIRILLAS, ATHANASIOS | |
| STREET ADDRESS | 5515 110TH AVENUE NORTH #G208 | |
| CITY - ST - ZIP | PINELLAS PARK, FL 33782 | |
| TITLE | V | <i>New address</i> |
| NAME | SIRILLAS, KONSTANTINOS | |
| STREET ADDRESS | 1230 S MISSOURI AVENUE #709 | |
| CITY - ST - ZIP | CLEARWATER, FL 33756 | |
| TITLE | S | <i>New address</i> |
| 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 | | |

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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:  _____
Signature and typed or printed name of signing officer or director

March 16/04
 Date

Daytime Phone #