

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

03-16-2004 90027 047 ***150.00

DOCUMENT # P02000019924 1. Entity Name D. L. C. FLOORING, INC.	
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Principal Place of Business 3105 62ND AVE VERO BEACH, FL 32966	Mailing Address 3105 62ND AVE VERO BEACH, FL 32966
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14000104



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0490912	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DELACRUZ, ROBERT 3105 62ND AVE VERO BEACH, FL 32966
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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.

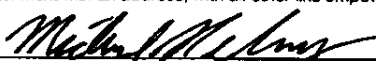
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. DELACRUZ, MICHAEL 3105 62ND AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DELACRUZ, ROBERT J 3105 62ND AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **2-17-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #