


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000081464  
 1. Entity Name  
 FLOOR TECHS INSTALLATION SERVICES, INC.



Principal Place of Business      Mailing Address  
 210 W. POLK STREET              210 W. POLK STREET  
 AUBURNDALE, FL 33823          AUBURNDALE, FL 33823

**DO NOT WRITE IN THIS SPACE**



04202005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 14-1840521      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RICH, KARYN  
 210 W. POLK STREET  
 AUBURNDALE, FL 33823

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

1100000326023  
 04/23/05-80040-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICH, KARYN GAMBLE
STREET ADDRESS	210 W. POLK ST.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(f), 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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR