


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 034 ***150.00

DOCUMENT # P02000093713 1. Entity Name GOTCHA COVERED FLOORING INSTALLATIONS, INC.					
Principal Place of Business 965 S E LANDSDOWNE AVE. PT. ST. LUCIE FL 34983			Mailing Address 965 S E LANDSDOWNE AVE. PT. ST. LUCIE FL 34983		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-4209494 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, AL 2057 S US 1 FT PIERCE FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Deana Ford</u> <u>Deana Ford Vice President</u> <u>8/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FORD, FRANK 965 S E LANDSDOWNE AVE. PT. ST. LUCIE FL 34983		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FORD, DEANA 965 S E LANDSDOWNE AVE. PT. ST. LUCIE FL 34983		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		<input type="checkbox"/> Delete		
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: <u>Deana Ford</u> <u>Deana Ford</u> <u>8/30/04 (772) 344-5164</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



MOORE CR2E034 (4/04)

4. FEI Number **13-4209494**
☐ Applied For
☐ Not Applicable

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

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

August 31, 2004

Florida Department of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: 2004 For Profit Corporation Annual Report (AR)

To Whom It May Concern:

I recently received a card in the mail serving as a 60 day notice of intent to dissolve. This is the first and only reminder or piece of information that we have received for the year. I called the telephone number on the form to be mailed in and was instructed to send my fee for \$150.00 and my form along with this letter explaining that I had not received prior notification.

I can be reached at (772)344-5164 if further information is needed. My address remains correct on the form.

Sincerely,



Deana Ford
Gotcha Covered Flooring Installations, Inc.

Attachment
54072590
Doc. # P02000093713