



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90482 041 \*\*\*158.75

<b>DOCUMENT # P02000095049</b> 1. Entity Name <b>CARLSON FLOOR SERVICE, INC.</b>			
Principal Place of Business <b>850 CORAL RIDGE DR</b> <b>101</b> <b>POMPANO BEACH, FL 33071</b>		Mailing Address <b>850 CORAL RIDGE DR</b> <b>101</b> <b>POMPANO BEACH, FL 33071</b>	
2. Principal Place of Business <b>1963 BONNIE ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1963 BONNIE ST</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b> Zip <b>33431</b> Country		City & State <b>BOCA RATON, FL</b> Zip <b>33431</b> Country	
4. FEI Number <b>03-0480494</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>CARLSON, KEVIN</b> <b>850 CORAL SPRINGS DR #101</b> <b>POMPANO BEACH, FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1963 BONNIE ST</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>CARLSON, KEVIN</b> <b>850 CORAL SPRINGS DR #101</b> <b>POMPANO BEACH, FL 33071</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1963 BONNIE ST</b> <b>BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>CARLSON, CRAIG</b> <b>1963 BONNIE ST</b> <b>BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		<b>KEVIN CARLSON</b> <b>PRESIDENT</b> 4/28/05 561-929-3866 <small>Date Deletion Phone #</small>	