

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 04, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000106634

1. Entity Name
S & D SANTAELLA FLOOR COVERING, INC.



Principal Place of Business
**2122 SE 13TH TER
CAPE CORAL, FL 33990**

Mailing Address
**2122 SE 13TH TER
CAPE CORAL, FL 33990**



02102005 No Chg-P CR2E034 (10/03)

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4. FEI Number
04-3717197

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SANTAELLA, DORIS M
3431 SE 2ND PLACE
CAPE CORAL, FL 33904**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
SANTAELLA, DORIS M
STREET ADDRESS
2122 SE 13TH TER
CITY-ST-ZIP
CAPE CORAL, FL 33990

TITLE
V
NAME
SANTAELLA, SAMUEL D
STREET ADDRESS
2122 SE 13TH TER
CITY-ST-ZIP
CAPE CORAL, FL 33990

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

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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: *Doris Santaella*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #