

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 OCT 15 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000115583	
1. Entity Name FLOR-TEX TILE INC.	



Principal Place of Business 956 SW CONNECTICUT TERRACE PORT ST. LUCIE, FL 34953	Mailing Address 956 SW CONNECTICUT TERRACE PORT ST. LUCIE, FL 34953
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2. Principal Place of Business 956 SW CONNECTICUT TERR		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State PORT ST. LUCIE, FLA.		City & State SAME	
Zip 34953	Country ST. LUCIE	Zip SAME	Country SAME

4. FEI Number 59-3770137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENIGAN, WESLEY 956 SW CONNECTICUT TERRACE PORT ST. LUCIE, FL 34953		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENIGAN, WESLEY 956 SW CONNECTICUT TERRACE PORT ST. LUCIE, FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300041904323 10/15/04--01072--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARRERA JOSE TRESURER 901 JAMES ST. FORT PIERCE FLA. 34995 <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	SECRETARY CASTRO JAVIER 901 JAMES ST. FORT PIERCE FLA 34995 <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: Wesley Henigan WESLEY HENIGAN 9-10-04 772-340-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #