2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am DOCUMENT # P02000133880 **Secretary of State** 1. Entity Name 03-22-2004 90035 001 ***150.00 COAST TO COAST FLOORING & SURFACE DESIGN. Principal Place of Business Mailing Address 6622 JARVIS RD. 6622 JARVIS RD. 54020800 SARASOTA FL 34241 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicable 56-23 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent chwsoN ---JOHNSON, ASHLEY R Street Address (P.O. Box Number is Not Acceptable) 6721 JARVIS RD. 6622 Jarvis RD SARASOTA FL 34241 City < 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. with, and accept the obligations of registered agent. eu R. Johnson SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD PID TITLE Change TITI F □ Defete Addition mark a. Johnson JOHNSON, MARK A NAME NAME 6721 JARVIS RD. STREET ADDRESS STREET ADDRESS 6622 Jarvis Rd CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP soc a soto **VSD** TITLE Change TITLE ☐ Delete Addition JOHNSON, ASHLEY R NAME NAME Ashley R. Johnson STREET ADDRESS 6721 JARVIS RD. STREET ADDRESS 66a2 JOUNIS ROM. SARASOTA FL 34241 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

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changed, or on an attachment with an address, with all other like empowered