

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90066 030 ***150.00

DOCUMENT # P03000011641

1. Entity Name
D & D FLOORING, INC.



Principal Place of Business
5859 45TH AVE. N.
ST. PETERSBURG, FL 33709

Mailing Address
5859 45TH AVE. N.
ST. PETERSBURG, FL 33709

2. Principal Place of Business
273 42ND AVE. N.
Suite, Apt. #, etc.

3. Mailing Address
273 42ND AVE. N.
Suite, Apt. #, etc.



03102004 Chg-P CR2E034 (10/03)

City & State
ST. PETERSBURG, FL
Zip 33706 Country

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ST. PETERSBURG, FL
Zip 33706 Country

4. FEI Number
45-0502357

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301-0000

7. Name and Address of New Registered Agent

Name DAVID WEBSTER

Street Address (P.O. Box Number is Not Acceptable)

273 42ND AVE. N.

City ST. PETERSBURG

FL

Zip Code 33706

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEBSTER, DAVID
STREET ADDRESS 5859 45TH AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33709 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 273 42ND AVE. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33706 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/24/04 x 344 7945
Date (Daytime Phone #)