2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 04, 2004 8:00 am
Secretary of State
05-19-2004 90014 025 ***150.00

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03022003 Chg-P CR2E034 (10/03)

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1. Entity Name
CREATIVE FLOORING OF CENTRAL FLORIDA INC

Principal Place of Business	Mailing Address
5624 SOUTH ORANGE BLOSSON TRAIL INTERCESSION CITY, FL 33848	5624 SOUTH ORANGE BLOSSON TRAIL INTERCESSION CITY, FL 33848

2. Principal Place of Business	3. Mailing Address	4. FEI Number
	P.O. BOX 966	EIN-14-1869538 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. INTERCESSION City FL	
City & State	City & State FLORIDA	
Zip / Country	Zip 34759 / Country USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLSLEY, JOHN R
5624 SOUTH ORANGE BLOSSON TRAIL
INTERCESSION CITY, FL 33848

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip 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. 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 $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TILLSLEY, JOHN R		NAME	
STREET ADDRESS	5624 SOUTH ORANGE BLOSSON TRAIL		STREET ADDRESS	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TILLSLEY, MARYANN		NAME	
STREET ADDRESS	5624 SOUTH ORANGE BLOSSON TRAIL		STREET ADDRESS	
CITY-ST-ZIP	INTERCESSION CITY, FL 33848		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John R Tillsley 6-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #