2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000017770

1. Entity Name
CREATIVE FLOORING OF CENTRAL FLORIDA INC

Principal Place of Business	Mailing Address
5624 SOUTH ORANGE BLOSSON TRAIL INTERCESSION CITY, FL 33848	P.O. BOX 966 INTERCESSION CITY, FL 34759

DO NOT WRITE IN THIS SPACE

04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1869538
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ 4-28-06
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, 2006 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	TILLSLEY, JOHN R
STREET ADDRESS	5624 SOUTH ORANGE BLOSSON TRAIL
CITY-ST-ZIP	INTERCESSION CITY, FL 33848
TITLE	D
NAME	TILLSLEY, MARYANN
STREET ADDRESS	5624 SOUTH ORANGE BLOSSON TRAIL
CITY-ST-ZIP	INTERCESSION CITY, FL 33848
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X MaryAnn Tillsley 4-28-06 407-870-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #