

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90076 003 ***150.00

DOCUMENT # P03000022385					
1. Entity Name CROWLEY'S FLOORING, INC.					
Principal Place of Business 4510 70 ST W STE 52 BRADENTON, FL 34210			Mailing Address 4510 70 ST W STE 52 BRADENTON, FL 34210		
2. Principal Place of Business 6304 Robin Cove Suite, Apt. #, etc.		3. Mailing Address 6304 Robin Cove Suite, Apt. #, etc.			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 061679957	
Zip 34202		Country Manatee		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VICKERY, ARIC M 4510 70 ST W STE 52 BRADENTON, FL 34210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUONO, CHRIS 4510 70 ST W STE 52 BRADENTON, FL 34210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYS, PAT 4510 70 ST W STE 52 BRADENTON, FL 34210	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Aric Vickrey 6304 Robin Cove Bradenton FL 34202	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Pat mays 6304 Robin Cove Bradenton FL 34202	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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)(f), 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: <u>Aric Vickrey</u> 4-12-04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					