


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034851		
1. Entity Name ALA GROUP FLOORING INC.		

Principal Place of Business 2721 SACK DR E JACKSONVILLE, FL 32216	Mailing Address 2721 SACK DR E JACKSONVILLE, FL 32216
---	---

2. Principal Place of Business 1914-D Art Museum Dr Suite, Apt. #, etc.	3. Mailing Address 1914-D Art Museum Dr Suite, Apt. #, etc.
---	---

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32207	Zip 32207
Country DUVAL	Country DUVAL

6. Name and Address of Current Registered Agent WILLIAMS, ROWLAND V 1125-1 CESERY BLVD JACKSONVILLE, FL 32211	
--	--

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PULLIAM, LAWRENCE 1040 NIGHTINGALE RD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PULLIAM, LAWRENCE 1040 NIGHTINGALE RD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO PULLIAM, ANGELIA 1040 NIGHTINGALE RD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ULLIAM, ANGELIA 1040 NIGHTINGALE RD JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600032223406 04/09/04--01001--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Pulliam, Angelia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 LAWRENCE Pulliam	Date 03/15/04	Daytime Phone # 904-399-1005
--	------------------	---------------------------------

FILED

04 MAR 19 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02192004 Chg-P CR2E034 (10/03)

4. FEI Number 16-1622860	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------