


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90215 013 ***150.00

DOCUMENT # P03000037008			
1. Entity Name BROWARD FLOORING AND INTERIORS, INC.			
Principal Place of Business 840 JUPITER PK DR STE 105 JUPITER FL 33458		Mailing Address 840 JUPITER PK DR STE 105 JUPITER FL 33458	
2. Principal Place of Business 150 TONEY PENNA DR.		3. Mailing Address SAME	
Suite, Apt. #, etc. SUITE B		Suite, Apt. #, etc.	
City & State JUPITER, FL		City & State	
Zip 33458	Country USA	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent EVANS, KENNETH A 10668 159TH CT N JUPITER FL 33478		7. Name and Address of New Registered Agent Name EVANS, KENNETH A. Street Address (P.O. Box Number is Not Acceptable) 150 TONEY PENNA DR. SUITE B City JUPITER FL Zip Code 33458	
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 <u><i>K/A</i></u> KENNETH A. EVANS (PRES) DATE 4/28/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	DP EVANS, KENNETH A 10668 159TH CT NR STE 105 JUPITER FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS KENNETH A. 150 TONEY PENNA DR, SUITE B JUPITER FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *K/A* **KENNETH A. EVANS** **4/28/2004** **(561) 744-2103**