


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90003 010 ***150.00

| | |
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| DOCUMENT # P03000049133 |  |
| 1. Entity Name M & M FLOORING OF THE TREASURE COAST, INC | |

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|---|---|
| Principal Place of Business C/O MICHAEL MARKOWSKI 120 SW CARTER AVE PORT ST LUCIE, FL 34983 | Mailing Address C/O MICHAEL MARKOWSKI 120 SW CARTER AVE PORT ST LUCIE, FL 34983 |
|---|---|

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|--|--|
| 2. Principal Place of Business 1140 SW Hunnicutt Ave | 3. Mailing Address 1140 SW Hunnicutt Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|---|
| City & State Port St. Lucie, FL | City & State Port St. Lucie, FL |
| Zip 34953 | Zip 34953 |
| Country St Lucie | Country St Lucie |



07042004 Chg-P CR2E034 (10/03)

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|---|--|
| 6. Name and Address of Current Registered Agent MARKOWSKI, MARK 120 SW CARTER AVE PORT ST LUCIE, FL 34983 | |
| 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 _____

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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|--|---------------------------------|--|---|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE President | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME Michael Markowski | | NAME | |
| STREET ADDRESS 1140 SW Hunnicutt Ave | | STREET ADDRESS | |
| CITY-ST-ZIP Port St Lucie, FL 34953 | | CITY-ST-ZIP | |
| TITLE Vice President | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME Sarah Markowski | | NAME | |
| STREET ADDRESS 1140 SW Hunnicutt Ave | | STREET ADDRESS | |
| CITY-ST-ZIP Port St Lucie, FL 34953 | | CITY-ST-ZIP | |
| TITLE Treasurer | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME Mary Markowski | | NAME | |
| STREET ADDRESS 120 SW Carter Ave | | STREET ADDRESS | |
| CITY-ST-ZIP Port St Lucie, FL 34983 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: Michael Markowski Michael Markowski Aug 31 '04 772-530-7190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #