

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061658

Entity Name: T D S FLOORS, INC.

FILED
Feb 13, 2004
Secretary of State

Current Principal Place of Business:

1890 KNOX MCCRAE RD.
TITUSVILLE, FL 32780

New Principal Place of Business:

1897 KNOX MCCRAE DR
TITUSVILLE, FL 32780

Current Mailing Address:

1890 KNOX MCCRAE RD.
TITUSVILLE, FL 32780

New Mailing Address:

1897 KNOX MCCRAE DR
TITUSVILLE, FL 32780

FEI Number: 16-1670657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPOSITO, CHARLES A ESQ.
1510 N. PONCE DE LEON
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARINO, THOMAS
Address: 1764 TREE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VTD () Delete
Name: MOONEYHAN, DOUGLAS
Address: 1890 KNOX MCCRAE RD.
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARINO, THOMAS
Address: 1760 TREE BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: VTD (X) Change () Addition
Name: MOONEYHAN, DOUGLAS
Address: 1897 KNOX MCCRAE DR
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MARINO

PD

02/13/2004

Electronic Signature of Signing Officer or Director

_____ Date