## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

## Jan 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000069787** 1. Entity Name AND ONE FLOORING INC. Principal Place of Business Mailing Address 4623 CASON COVE DR. 4623 CASON COVE DR. 1214 1214 ORLANDO, FL 32811 ORLANDO, FL 32811 2. Principal Place of Business, 362 Hawthorne Hills Place 3. Mailing Address 362 Hawthorne Hills Place Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Chg-P CR2E034 (10/03) 103 103 City & State Applied For City & State 4. FEI Number Florida 57-1175120 Florida Orlando, Orlando Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32835--USA USA-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Aluson Holbera HOLBERG, ALYSON J Address (P.O. Box Number is Not Acceptable) L Hawthorne Hills Plac 4623 CASON COVE DR. ORLANDO, FL 32811 Orlando 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. Holberg - Alyson Owner 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Addition ☐ Delete Alyson Holberg 362 Hawthorne Hills PL. #103 HOLBERG, ALYSON J NAME NAME . STREET ADDRESS 4623 CASON COVE DR. #1214 STREET ADDRESS ORLANDO, FL 32811 CUY-ST-7IP Orlando, Florida 32835 CITY-ST-ZIP VP Change ☐ Delete TITLE ☐ Addition TITLE Gene Scott McCune MCCUNE, GENE S NAME NAME 4623 CASON COVE DR. #1214 STREET ADDRESS 362 Hawthorne Hills Pl. #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 3281.1 = Orlando, Florida - 32835 O Delete TITLE ☐ Change Addition TITLE CHARLTON, WILLIS L NAME NAME STREET ADDRESS 362 HAWTHORNE HILLS PLACE, #103 STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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

**FILED**