2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000094307

Entity Name: MILLS COMPLETE FLOORING, INC.

FILED Jul 09, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5313 TWIN PINES CT 425 LAKE HOWARD DR. SW BARTOW, FL 33830 WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

5313 TWIN PINES CT 425 LAKE HOWARD DR. SW BARTOW, FL 33830 WINTER HAVEN, FL 33880

FEI Number: 57-1184685 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PILKA, DANIEL PILKA, DANIEL PA 213 PROVIDENCE RD 213 PROVIDENCE RD BRANDON, FL 33511 US US BRANDON, FL 33511

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: DAN PILKA 07/09/2004

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: CFO (X) Change () Addition MILLS, RICHARD D MILLS, RICHARD D Name: Name: 5313 TWIN PINES CT 425 LAKE HOWARD DR. SW Address: Address: City-St-Zip: BARTOW, FL 33830 City-St-Zip: WINTER HAVEN, FL 33880

Title: Title: PRES (X) Change () Addition () Delete

VALVERDE, GUS JR. MILLS, JOSEPH S Name: Name: P.O.BOX 210 Address: 10935 BRUCEHAVEN DR. Address: APOPKA, FL 327040210 RIVERVIEW, FL 33569 City-St-Zip: City-St-Zip:

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: JOSEPH S. MILLS **PRES** 07/09/2004