

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90011 027 ***150.00

DOCUMENT # P03000105974					
1. Entity Name PERMANENT FLOORS, INC.					
Principal Place of Business 5419 BAPTIST CHURCH RD. TAMPA, FL 33610			Mailing Address 5419 BAPTIST CHURCH RD. TAMPA, FL 33610		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 030529131			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME HESS, CURTIS		<input type="checkbox"/> Delete		
STREET ADDRESS 5419 BAPTIST CHURCH RD.	CITY-ST-ZIP TAMPA, FL 33610		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VD	NAME HESS, SUSAN		<input type="checkbox"/> Delete		
STREET ADDRESS 5419 BAPTIST CHURCH RD.	CITY-ST-ZIP TAMPA, FL 33610		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE STD	NAME HESS, HARLEY		<input type="checkbox"/> Delete		
STREET ADDRESS 5419 BAPTIST CHURCH RD.	CITY-ST-ZIP TAMPA, FL 33610		<input 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		
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: <u>Curtis E. Hess (Curtis E. Hess)</u>			Date: <u>4-19-04</u>		Daytime Phone #: <u>(813) 601-0492</u>