

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114640

FILED
Jan 08, 2005
Secretary of State

Entity Name: FLOOR COVERING BY TOMMY NERREN, INC.

Current Principal Place of Business:

500 DELAWARE AVE
ST. CLOUD, FL 34769 US

New Principal Place of Business:

1434 WOOD LAKE CIRCLE
ST. CLOUD, FL 34772 US

Current Mailing Address:

500 DELAWARE AVE
ST. CLOUD, FL 34769 US

New Mailing Address:

1434 WOOD LAKE CIRCLE
ST. CLOUD, FL 34772 US

FEI Number: 56-2408319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, BRUCE
2120 PINE GROVE RD
ST.CLOUD, FL 34771 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: P () Delete
Name: NERREN, TOMMY
Address: 500 DELAWARE AVE
City-St-Zip: ST. CLOUD, FL 34769 US

Title: S () Delete
Name: HOWES, CHRISTY M
Address: 500 DELAWARE AVE.
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NERREN, TOMMY
Address: 1434 WOOD LAKE CIRCLE
City-St-Zip: ST. CLOUD, FL 34772 US

Title: S (X) Change () Addition
Name: NERREN, CHRISTY M
Address: 1434 WOOD LAKE CIRCLE
City-St-Zip: SAINT CLOUD, FL 34772

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: CHRISTY M NERREN

S

01/08/2005

Electronic Signature of Signing Officer or Director

Date