

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90002 027 \*\*\*150.00

DOCUMENT # P03000118617

1. Entity Name  
BRICK GRIMES FLOOR COVERING INC.



Principal Place of Business

~~5646 SILVER SPUR DR  
HOLIDAY, FL 34690~~

**3908 SAIL DR.  
NEW PORT RICHEY FLA 34652**

Mailing Address

5646 SILVER SPUR DR  
HOLIDAY, FL 34690

**54069078**



2. Principal Place of Business

**3908 SAIL DR.**

Suite, Apt. #, etc.  
**HOUSE**

City & State  
**NEW PORT RICHEY FLA**

Zip  
**34652**

Country  
**PASCO**

3. Mailing Address

**3908 SAIL DR.**

Suite, Apt. #, etc.  
**NEW PORT RICHEY FLA.**

City & State

Zip  
**34652**

Country  
**PASCO**

08132004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0304769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, BRICK  
~~5646 SILVER SPUR DR  
HOLIDAY, FL 34690~~

**GRIMES BRICK  
3908 SAIL DR  
NEW PORT RICHEY FLA  
34652**

7. Name and Address of Now 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature requires when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME GRIMES, BRICK  
STREET ADDRESS 5646 SILVER SPUR DR  
CITY-ST-ZIP HOLIDAY, FL 34690

TITLE D ☐ Delete  
NAME WESTFALL, RICHARD  
STREET ADDRESS 10619 BOUNTY ST  
CITY-ST-ZIP NEW PORT RICHEY, FL 34054

TITLE D ☐ Delete  
NAME BIERNACKI, DARYL  
STREET ADDRESS 7637 HATTERAS DR  
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME BRICK GRIMES  
STREET ADDRESS 3908 SAIL DR. NEW PORT RICHEY FLA  
CITY-ST-ZIP 34652

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME SAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-18-04 727-919-0399**

Date

Daytime Phone