## 2005 FOR PROFIT CORPORATION ANNUAL REPORT 5/4/2005-90119-005-\$150.00-\$150.00

ANNUAL REPORT							• •	. • . •		
DOCUMENT # P03000120872  1. Entity Name KEITH CHESHIRE FLOOR COVERINGS, INC.						05 JUN -9 PM 12: 54				
Dringinal Diag	o of Business			•	1.	1	•			
Principal Place of Business 1902 FLORRIE COURT NORTH FORT MYERFS, FL 33917			Mailing Acidress 1902 FLORRIE COURT NORTH FORT MYERFS, FL 33917		L 1901(1901)#1	DIFO NIM OPIN ETIIN DZI	TI MDIA MTM ARII	RE IZIN TERM AI	1/9 <i>2</i> 1: 11: 1701	
2. Principal Place of Business			J. Malling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04212005	Chg-P	CR2E03	14 (10/03)	05
City & State			City & State			4. FEI Number 20-0378	641		No	plied For a Applicable
Zip	Country  5. Name and Address of Current		Zip	Cour	itry	<u> </u>	Status Desired		8.75 Add ee Require	fitional d
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KYLE, KEVIN A 1520 ROYAL PALM SQUARE BOULEVARD SUITE 320					Street Address (P.O. Box Number is Not Acceptable)					
FORT MYERS, FL 33919					City				Zip Cod	•
The above	ogmed eatit	we cultimite this statement is		act amont or both	in the State at Flo	FL	1			
<ol> <li>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.</li> </ol>										
SIGNATURE.	Signature, typed	or printed name of registered agen	when remstarting)		DATE	<del></del>	<del></del> _			
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTORS	IN 11
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12. Thereby 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:										
SIGNATURE:  SIGNATURE AND TYPED ORPRINTED NAME OF SIGNAM OFFIGER OR BIFECTOR DIVISION DAYS Proper of Days Designer Days Designer Proper of Days Designer Proper of Days Designer Days Days Designer Days Days Days Days Days Days Days Days										