


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90153 040 ***158.75

DOCUMENT # P03000120940			
1. Entity Name ROMAN'S FLOOR COVERING, INC.			
Principal Place of Business 9541 NEAL DR. JACKSONVILLE, FL 32257		Mailing Address 9541 NEAL DR. JACKSONVILLE, FL 32257	
2. Principal Place of Business 9541 Neal Dr. Suite, Apt. #, etc.		3. Mailing Address 9541 Neal Dr. Suite, Apt. #, etc.	
City & State Ja., Fl.		City & State Ja., Fl.	
Zip 32257		Country Ducal	
Zip 32257		Country Ducal	
6. Name and Address of Current Registered Agent ROMAN, WILLARD D 9541 NEAL DR. JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name: Roman, Willard D. Street Address (P.O. Box Number is Not Acceptable): 9541 Neal Dr. City: Ja. FL Zip Code: 32257	
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: Willard D. Roman (PD) Willard D. Roman DATE: 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROMAN, WILLARD D 9541 NEAL DR. JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Willard D. Roman (PD) Willard D. Roman		Date: 4/11/05 Daytime Phone #: 904-982-3268	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



02042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0341296 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required