

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124158

Entity Name: FLOORGRIP, INC.

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

133 HIDDEN BROOK DR., APT. B
PALM HARBOR, FL 34683

New Principal Place of Business:

1956 GEORGIA CIR. N.
CLEARWATER, FL 33760

Current Mailing Address:

P.O. BOX 431
PALM HARBOR, FL 346820431

New Mailing Address:

P.O. BOX 3843
SEMINOLE, FL 33775

FEI Number: 52-2414437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNELL, JOHN T
133 HIDDEN BROOK DR., APT. B
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

O'CONNELL, JOHN T
1956 GEORGIA CIR. N.
CLEARWATER, FL 33760 US

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:

04/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: O'CONNELL, JOHN T
Address: 133 HIDDEN BROOK DR., APT. B
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: O'CONNELL, JOHN T
Address: 1956 GEORGIA CIR. N.
City-St-Zip: CLEARWATER, FL 33760

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: JOHN T. O'CONNELL

PS

04/08/2005

Electronic Signature of Signing Officer or Director

Date