2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90010 017 ***150.00

DOCUMENT # P03000125241

1. Entity Name

BJ'S FLOORING INC.

Principal Place of Business	Mailing Address
3004 COQUINA COURT APT 23-201 KISSIMMEE FL 34746	3004 COQUINA COURT APT 23-201 KISSIMMEE FL 34746

400152J4

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
8903 Buena Place	Same
Suite, Apt. #, etc.: #3210	Suite, Apt. #, etc.: Same
City & State: Windermere, FL	City & State: Same
Zip: 34786 Country:	Zip: Same Country:

4. FEI Number: 20-0360948 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, BRIAN
3004 COQUINA COURT
APT 23-201
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name: Brian Joyce

Street Address (P.O. Box Number is Not Acceptable): 8903 Buena Place #3210

City: Windermere **FL** Zip Code: 34786.

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: X Brian Joyce
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP JOYCE, BRIAN 3004 COQUINA COURT APT 23-201 KISSIMMEE FL 34746	☐ Delete	DP Brian Joyce 8903 Buena Place #3210 Windermere, FL 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X Brian Joyce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #