

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-25-2004 90003 030 ***150.00

DOCUMENT # P03000125729					
1. Entity Name SOUTH WIND FLOOR COVERING, INC.					
Principal Place of Business 491 WEST POINT WASHINGTON RD SANTA ROSA BEACH, FL 32459			Mailing Address 491 WEST POINT WASHINGTON RD SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LIVINGSTON, ERNEST D JR. 491 WEST POINT WASHINGTON RD SANTA ROSA BEACH, FL 32459				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: <i>Ernest D Livingston Jr</i> (NOTE: Registered Agent signature required when reinstating) DATE: 5/3/4					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	P,VP LIVINGSTON, ERNEST D JR. 491 WEST POINT WASHINGTON RD SANTA ROSA BEACH, FL 32459		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T LIVINGSTON, ERNEST D JR. 491 WEST POINT WASHINGTON RD SANTA ROSA BEACH, FL 32459		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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: <i>Ernest D Livingston Jr</i> (850) 326-2913					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66427479



05112004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0362886 Applied For Not Applicable

5/3/4