## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000126821 1. Entity Name . 04-25-2005 90234 047 \*\*\*150.00 DOOR TO DOOR FLOORS, INC. Principal Place of Business Mailing Address 6511 43RD STREET NORTH #1803 PINELLAS PARK FL 33781 6511 43RD STREET NORTH #1803 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 20-0362378 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CREASY, MARY LI ESQ Street Address (P.O. Box Number is Not Acceptable) SHUMAKER LOOP & KENDRICK LLP 101 E KENNEDY BLVD SUITE 2800 **TAMPA FL 33602** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition DUDA, JAMES R. , 4711 Butterfly Place NE ST. Petersburg, Fr. 33703 DUDA, JAMES R NAME SO11-W-SEVILLA OI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA-FL 33029 CITY-ST-7 Change TITLE ☐ Delete TITLE Addition CREASY, MARY LI NAME NAME 4711 Butterfly Place NE 101 E KENNEDY BLVD SUITE 2800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition MAM NAME\* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusteer 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

# 521-4224