


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

\$150.00
#869

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90078 024 ***150.00

DOCUMENT # P03000127366	
1. Entity Name BEVERLY V'S FLOORING, INC.	

Principal Place of Business 2649 WHALEBONE BAY DRIVE KISSIMMEE FL 34741 US	Mailing Address 2649 WHALEBONE BAY DRIVE KISSIMMEE FL 34741 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 20-0368113	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIAFORA, BEVERLY 2649 WHALEBONE BAY DRIVE KISSIMMEE FL 34741
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7. Name and Address of New Registered Agent
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 <u>Beverly Viafora</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>BEVERLY VIAFORA</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	<u>4/17/2004</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	VIAFORA, BEVERLY
STREET ADDRESS	2649 WHALEBONE BAY DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	VP <input type="checkbox"/> Delete
NAME	VIAFORA, RUSSELL
STREET ADDRESS	2649 WHALEBONE BAY DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	TR <input type="checkbox"/> Delete
NAME	VIAFORA, BEVERLY
STREET ADDRESS	2649 WHALEBONE BAY DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	SEC <input type="checkbox"/> Delete
NAME	VIAFORA, RUSSELL
STREET ADDRESS	2649 WHALEBONE BAY DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: <u>Russ Viafora</u>	<u>4/17/04</u>	<u>407-846-1538</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>