## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P03000130495 1. Entity Name PRO-FLOORING OF N.W. FLORIDA, INC. Principal Place of Business Mailing Address 46 3RD. ST. 46 3RD /ST. LOT 29 LOT 29 SHALIMAR, FL 32579 US SHALIMAR, FL 32579

## **FILED** May 02, 2005 08:00 AM Secretary of State



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DO NOT WRITE IN THIS SPACE			03042005	No Chg-P CI	P CR2E034 (10/03)	
			4. FEI Number 20-04204	l06	Applied For Not Applicable	
			5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Registe	red Agent		· · · · · · - · · · - · ·		
HALL, BRIAN S 46 3RD ST.			DO NOT WRITE			
LOT 29 SHALIMAR, FL 32579			IN THIS SPACE			
	named entity submits this statement for the pul ions of registered agent.	rpose of changing its registered office or	registered agent, or both,	in the State of Florida.	I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if a	pplicable (NOTE Registered Agent signate	re required when reinstating)	(	DÁTÉ	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	ORS				
TITLE	DIR.					
NAME STREET ADDRESS	HALL, BRIAN S 46 3RD ST., LOT 29					
CITY-ST-ZIP	SHALIMAR, FL 32579					
TITLE	DIR.			_ 00000035806	36_	
NAME	HALL, DON L		0!	5/04/05-80099	3-015 150.00	
STREET ADDRESS	46 3RD ST., LOT 29	·				
CITY-ST-ZIP	SHALIMAR, FL 32579					
TITLE NAME	DIR. HALL, MARY ANNE					
STREET ADDRESS	46 3RD. ST., LOT 29		<b>~~</b> .		initiant prime	
CITY-ST-ZIP	SHALIMAR, FL 32579		ז טע	NOT WRI	IE	
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STREET ADDRESS						
CITY-ST-ZIP						
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP		<b>_</b>				
TITLE						

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:** 

STREET ADDRESS CITY-ST-ZIP