

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90027 048 ***150.00

DOCUMENT # P03000131584

1. Entity Name
FLOORS GALORE 2 INCORPORATED



Principal Place of Business
**326 CARMEL DR LOT 15
FT WALTON BCH, FL 32547**

Mailing Address
**326 CARMEL DR LOT 15
FT WALTON BCH, FL 32547**



2. Principal Place of Business
46 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
46 3rd Street
Suite, Apt. #, etc.

03042005 Chg-P CR2E034 (10/03)

City & State
Shalmar FL 32579
Zip Country

City & State
Shalmar-FL 32579
Zip Country

4. FEI Number
20-0401290
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOVINS, CLYDE LEE
326 CARMEL DR LOT 15
FT WALTON BCH, FL 32547**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
46 3rd St #18

City
Shalmar FL Zip Code
32579

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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
LOVINS, CLYDE LEE
326 CARMEL DR LOT 15
FT WALTON BCH, FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
LOVINS, LANA KAY
326 CARMEL DR LOT 15
FT WALTON BCH, FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CLARK, MICHAEL CASEY
326 CARMEL DR LOT 15
FT WALTON BCH, FL 32547** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**46 3rd St #18
Shalmar FL 32579** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**46 3rd St #18
Shalmar FL 32579** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**46 3rd St #18
Shalmar FL 32579** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Clyde Lee Lovins **CLYDE LEE LOVINS** **4-4-05** **850-259-5203**