2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133037

COYNE, BRIAN

3855 HENRY J AVE

ST CLOUD, FL 34772 US

Name:

Address:

City-St-Zip:

Entity Name: ALAN WILLIAMS FLOORING INC

FILED May 02, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	R RUN ROAI D, FL 34772	O US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	R RUN ROAI D, FL 34772	O US			
FEI Number:	86-1087921	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
	, ALAN R RUN ROAI D, FL 34772	O US			
	named entity of Florida.	\prime submits this statement for the $\mathfrak p$	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	at receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (WILLIAMS, A 4245 DEER F ST CLOUD, F	RUN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (WILLIAMS, A 4245 DEER F ST CLOUD, F	RUN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TREA (WILLIAMS, A 4245 DEER F ST CLOUD, F	RUN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALAN WILLIAMS P 05/02/2004