

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135626

FILED  
May 02, 2005  
Secretary of State

Entity Name: FLOORCOVERINGS BY JOHN WHITLOW, INC.

## Current Principal Place of Business:

PO BOX 830354  
OCALA, FL 34483

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 830354  
OCALA, FL 34483

## New Mailing Address:

FEI Number: 52-2444908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITLOW, JOHN  
53 SAPPHIRE RD  
OCALA, FL 34472 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: BROWN, NICHOLE  
Address: 53 SAPPHIRE RD  
City-St-Zip: OCALA, FL 34472

Title: T ( ) Delete  
Name: GOLDIN, NANCY  
Address: 4330 HILLCREST DR APT 102  
City-St-Zip: HOLLYWOOD, FL 33021

Title: CEO ( ) Delete  
Name: WHITLOW, JOHN  
Address: PO BOX 830354  
City-St-Zip: OCALA, FL 34483

Title: PD ( ) Delete  
Name: WHITLOW, JOHN  
Address: PO BOX 830354  
City-St-Zip: OCALA, FL 34483

Title: S ( ) Delete  
Name: BRECKON, MELL  
Address: PO BOX 830354  
City-St-Zip: OCALA, FL 34483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JOHN WHITLOW

CEO

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date