

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 19, 2004 8:00 am
Secretary of State

04-26-2004 91048 027 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000135926					
1. Entity Name OLIVEIRA FLOOR COVERING, INC.					
Principal Place of Business 9814 BERNWOOD PLACE DR., #304 FT. MYERS FL 33912			Mailing Address 9814 BERNWOOD PLACE DR., #304 FT. MYERS FL 33912		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0420254	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAX HOUSE CORPORATION 11601 S. CLEVELAND AVE., SUITE 6 FT. MYERS FL 33907				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring) DATE					
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. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD			TITLE	
NAME	OLIVEIRA, CELSO	☐ Delete		NAME	
STREET ADDRESS	9814 BERNWOOD PLACE DR., #304			STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	
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TITLE		☐ Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 <i>CEL SO</i>				04-22-04-239.340.4218	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	