## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000136615

Entity Name: K & C FLOORS, INC

City-St-Zip:

ALTAMONTE SPRINGS, FL 32729

FILED Apr 26, 2005 Secretary of State

Littly Name: N&CTEOORS, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
897 RADLIFF STREET DELTONA, FL 32725			798 VERCELLI ST DELTONA, FL 32725		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
897 RADLI DELTONA,	FF STREET , FL 32725		798 VERCELLI ST DELTONA, FL 32725		
FEI Number:	56-2414871	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
COLLAZO, KATHERINE 897 RADLIFF STREET DELTONA, FL 32725 US			COLLAZO, KATHERIN 798 VERCELLI ST DELTONA, FL 32725		
The above in the State		ubmits this statement for the po	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KATHERINE COLLAZO				04/26/2005	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () COLLAZO, KATI 897 RADLIFF S DELTONA, FL	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD () TISCARENO, CI 897 RADLIFF S DELTONA, FL	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	S () TISCARENO, RI 375 S WYMORI		Title: Name: Address:	( ) 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.

City-St-Zip:

SIGNATURE: KATHERINE COLLAZO P 04/26/2005