

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90534 034 ***150.00

DOCUMENT # P03000137773

1. Entity Name

COLIN STEVENS FLOOR COVERINGS, INC.



Principal Place of Business
12219 SPOTTSWOOD DR.
RIVERVIEW, FL 33569

Mailing Address
12219 SPOTTSWOOD DR.
RIVERVIEW, FL 33569

50046217



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0122364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, COLIN EDWARD
12219 SPOTTSWOOD DR.
RIVERVIEW, FL 33569

**DO NOT WRITE
IN THIS SPACE**

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 D
NAME STEVENS, COLIN EDWARD
STREET ADDRESS 12219 SPOTTSWOOD DR.
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D
NAME RAKER, HENRY
STREET ADDRESS 12219 SPOTTSWOOD DR.
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Colin E. Stevens
Colin E. Stevens, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

813.741.0449

Daytime Phone #