

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000140567

1. Entity Name  
FLOORZZ, INC.



Principal Place of Business  
869 PINEAPPLE RD  
S DAYTONA, FL 32119

Mailing Address  
869 PINEAPPLE RD  
S DAYTONA, FL 32119

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2415194

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KLENK, SHAWN  
869 PINEAPPLE RD  
S DAYTONA, FL 32119

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KLENK, SHAWN  
869 PINEAPPLE RD  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
KLENK, STACY L  
869 PINEAPPLE RD.  
SOUTH DAYTONA, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000180333  
01/14/05-80001-016 150.00

**DO NOT WRITE  
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:

*Stacy L Klenk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05

Date

386-7101-2121

Daytime Phone #