


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-02-2005 90442 010 ***150.00

DOCUMENT # P03000140716	
1. Entity Name BASIL W. BESHESSE FLOOR COVERINGS, INC.	

Principal Place of Business 4580 PLANTAIN AVE MIDDLEBURG FL 32068	Mailing Address 4580 PLANTAIN AVE MIDDLEBURG FL 32068
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BESHESSE, BASIL W. 4580 PLANTAIN AVE MIDDLEBURG FL 32068		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESHESSE, BASIL W			NAME			
STREET ADDRESS	4580 PLANTAIN AVE			STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BESHESSE, MICHELE L			NAME			
STREET ADDRESS	4580 PLANTAIN AVE			STREET ADDRESS			
CITY-ST-ZIP	MIDDLEBURG FL 32068			CITY-ST-ZIP			
TITLE	Officer	<input type="checkbox"/> Delete		TITLE	Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Markham, Johnny E.			NAME	Markham, Johnny E.		
STREET ADDRESS	4626 Alligator Blvd			STREET ADDRESS	4626 Alligator Blvd		
CITY-ST-ZIP	Middleburg, FL 32068			CITY-ST-ZIP	Middleburg, FL 32068		
TITLE	Officer	<input type="checkbox"/> Delete		TITLE	Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Beshesse, Lewis A.			NAME	Beshesse, Lewis A.		
STREET ADDRESS	4580 Plantain Ave.			STREET ADDRESS	4580 Plantain Ave.		
CITY-ST-ZIP	Middleburg, FL 32068			CITY-ST-ZIP	Middleburg, FL 32068		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Basil W. Beshesse Basil W. Beshesse 4-26-05 (904)282-0173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #