

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90304 044 ***150.00

DOCUMENT # P03000142062

1. Entity Name

GEOGHAGAN FLOORING SERVICES, INC.



Principal Place of Business

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

Mailing Address

7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

2. Principal Place of Business

14356 YELLOW BLUFF RD

3. Mailing Address

14356 YELLOW BLUFF RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32226

Country

USA

Zip

32226

Country

USA

6. Name and Address of Current Registered Agent

GEOGHAGAN, GARY L
7006 ATLANTIC BLVD.
JACKSONVILLE FL 32211-8706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

56-2416068

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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, 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

TITLE PD ☐ Delete
NAME GEOGHAGAN, GARY L
STREET ADDRESS 14356 YELLOW BLUFF RD.
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE VD ☐ Delete
NAME ARNAU, JAMES N JR.
STREET ADDRESS 4934 TROUT RIVER BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE STD ☐ Delete
NAME RUSSELL, TRAVIS
STREET ADDRESS 304 LAWTON AVE.
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.30.04 904.612.5916
Date Daytime Phone #