


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90990 047 ***158.75

DOCUMENT # P03000142199 1. Entity Name SMITH'S FLOORING INC.			
Principal Place of Business 3542 BOWDEN CIRCLE EAST JACKSONVILLE FL 32216 US		Mailing Address 3542 BOWDEN CIRCLE EAST JACKSONVILLE FL 32216 US	
2. Principal Place of Business 3214 Hampton Ave E Suite, Apt. #, etc.		3. Mailing Address 3214 Hampton Ave E. Suite, Apt. #, etc.	
City & State Jacksonville FL.		City & State Jacksonville FL.	
Zip 32216		Zip 32216	
Country Duval		Country Duval	
4. FEI Number 680574697		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GARY T 3542 BOWDEN CIRCLE EAST JACKSONVILLE FL 32216		7. Name and Address of New Registered Agent Name Gary T. Smith Street Address (P.O. Box Number is Not Acceptable) 3214 Hampton Ave E. City Jacksonville FL Zip Code 32216	
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 Gary T. Smith DATE 4/21/04 <small>Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SMITH, GARY T STREET ADDRESS 3542 BOWDEN CIRCLE EAST CITY-ST-ZIP JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE P NAME Smith Gary T. STREET ADDRESS 3214 Hampton Ave E. CITY-ST-ZIP Jacksonville FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME SMITH, GARY T STREET ADDRESS 3542 BOWDEN CIRCLE EAST CITY-ST-ZIP JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Smith Gary T. STREET ADDRESS 3214 Hampton Ave E. CITY-ST-ZIP Jacksonville FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Gary T. Smith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/04 (904) 228-7582 <small>Date Daytime Phone #</small>	