2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2004 8:00 am Secretary of State

Percentage Places of Business Mailting Address Sellat PRINE, Pt. 34420 Sellat PRINE, Pt.	DOCUMENT # P03000143273 1. Entity Name T AND D FLOORING, INC.								05-04-200	-	5015 ***1		
BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 Sulfa, Apt. #, etc. City & State Served Address of New Registered Agent Name Served Address (P.O. Box Number is Net Acceptable) Fig. 2D Code 8. The above named entity submits this datament for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligation or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligation or registered agent, or both, in the State of Florida. I am familiar with, and accept me obligation or registered agent, o	Principal Place of Business Mailing Address												
2. Principal Place of Business 3. Mailing Address 4. Sulfo. Apt. 4, etc. 5. Sulfo. Apt. 4, etc. 5. Sulfo. Apt. 4, etc. 6. Sulfo. Apt. 4, etc. 6. Name and Address of Current Registered Agent 7. Name and Address of Sulfo. Apt. 4 (10'03) 8. Certificate of Status Desired 8. Certificate of Status Desired 8. Sulfo. Apt. 4 (10'03)	·				-				1 A	0008	100		
State Apt. #, etc. State Apt. #, etc. O4202004 Chg.P CR2E534 (10/03) Zip Country Zip Country State File Number State Status Search Registered Reg	BELLEVIEW, FL 34420				BELLEVIEW, FL 34420				14020736				
State Apt. #, etc. State Apt. #, etc. O4202004 Chg.P CR2E534 (10/03) Zip Country Zip Country State File Number State Status Search Registered Reg													
City & State Ci	2. Principal P	lace of Busin	ness	3. Mailing	3. Mailing Address								
Zip Country	Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			04202004	Chg-P	CR2E0	34 (10/03)		
So Name and Address of Current Registered Agent	City & State			City & S	City & State					 51	<u> </u>		
**Name and Address of Current Registered Agent	Zip Country			Zip	Zip Count						\$8.75 Add	litional	
ROSE, THOMAS P JR 6199 SE 125 PLACE BELLEVIEW, FL 34420 6. The abover named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ronda. I am familiar with , and accept the officipalment of registered agent. SIGNATURE City FL Zip Code	6 Name and Address = 50 x x x		at Bosistavad (Leant .					<u> </u>	Fee Require	d		
Signature Sign		o. Name	and Address of Currer	ir uedisieien v	(gent	Name	/. Name and	Address of New H	egistered /	Agent			
BELLEVIEW, FL 34420 6. 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. If am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lipsed or protect remote degree agent and tele if accidable. (NOTE Registered Agent signature recursed when rematered) DATE							Street Address (R.O. Boy Niverbox in Not Associable)						
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, upon of protect range of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, upon of protect range of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, upon of protect range of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the deligible of th	6199 SE 125 PLACE ↓ BELLEVIEW, FL 34420						Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. Signature Signatu		,											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWNII FEE IS \$150.00 P. Election Campaign Financing \$5.00 May Be Added to Fees							City			FL	Zip Cod	6	
SIGNATURE Signature, hybrid or protect rame of registered agent and table if applicable. (NOTE Registered Agent aquaturer recurred when revirating) DATE	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												
TILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 PICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS TO OF	the obligations of registered agent.												
ARTOR My 1, 2004 Fee will be \$550.00 ARTOR My 1, 2004 Fee will be \$550.00 ARTOR My 1, 2004 Fee will be \$550.00 TITLE TITLE PT ROSE, THOMAS P JR 6199 SE 125 PLACE BELLEVIEW, FL 34420 TITLE NAME SITRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITL													
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 TITLE PT	одившие, уров от ришев извлеко подвижев адели али ши верповоже. (NV IE: regusiere Agent signature required when reinstaing) DATE												
TITLE NAME NAME ROSE, THOMAS P JR 6199 SE 125 PLACE BELLEVIEW, FL 34420 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRE								5.00 May Be dded to Fees					
NAME STREET ALORESS CITY-ST-2IP STREET ALORESS C	10. ,		11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11				
STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE		Li Doloto					!				□ Сћалде	☐ Addition	
CITY-ST-ZP BELLEVIEW, FL 34420 TITLE NAME ROSE, THOMAS P 6199 SE 125 PLACE BELLEVIEW, FL 34420 TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME													
NAME STREET ADDRESS CITY-ST-ZIP FILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP T	CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP FILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY	TITLE	La bolac				TITLE					☐ Change	☐ Addition	
CITY-ST-ZIP Delate		*					i						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET							- 1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TREET ADDRESS C	-	DECEC VIII	-11,12 04420		☐ Detete	+					C) Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME				Doraco								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S							1						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					□ Delete			-			C) Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					C. Detete		- 1				L Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S						STRE	et aodress						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		_			CITY	·ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete 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 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 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					☐ Delete						☐ Change	Addition	
ITILE 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. further certify that the information						1							
NAME STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP					CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP 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	TITLE				Delete	TITLE					Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information						1							
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													
	12. I hereby	certify that the	e information supplied w	ith this filing do	es not qualify for	the exer	nption stated in	Section 119.07(3)	i), Florida Statutes. I	further cer	tify that the in	nformation	

of the corporation of the receiver of trustee empowered to execute this report a changed, or on an attachment with an address, with all other like empowered.