


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90105 015 ***160.00

DOCUMENT # P03000144276	
1. Entity Name KOVACS FLOORING, INC.	

Principal Place of Business 217 MORIARTY ST NW FT WALTON BEACH, FL 32548	Mailing Address 217 MORIARTY ST NW FT WALTON BEACH, FL 32548
--	--

50013612



2. Principal Place of Business 209 Jet dr.	3. Mailing Address 209 Jet dr FWB FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04082006 Chg-P CR2E034 (11/05)

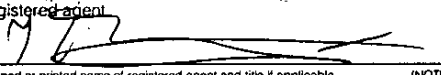
City & State Fort Walton Bch FL	City & State FWB FL
Zip 32548	Country OKg laosa
Zip 32548	Country OKg laosa

4. FEI Number 36-4546939	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

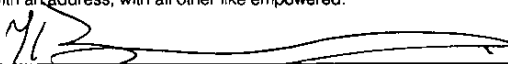
6. Name and Address of Current Registered Agent KOVACS, BENJAMIN 217 MORIARTY ST NW FT WALTON BEACH, FL 32548	
---	--

7. Name and Address of New Registered Agent	
Name Benjamin KOVACS	
Street Address (P.O. Box Number is Not Acceptable) 209 Jet dr.	
City Fort Walton Bch	FL Zip Code 32548

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 	DATE 4-8-06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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 NAME STREET ADDRESS CITY - ST - ZIP	PD KOVACS, BENJAMIN 217 MORIARTY ST NW FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Benjamin Kovacs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 209 Jet dr. FWB FL 32548
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
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 exemptions contained in Chapter 119, 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: 	DATE 4-8-06 DAYTIME PHONE # 850 496 1689