


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90021 035 \*\*\*150.00

<b>DOCUMENT # P03000145321</b>	
1. Entity Name <b>PAUL DOUGLAS FLOORCOVERING, INC.</b>	

Principal Place of Business <b>7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706</b>	Mailing Address <b>7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706</b>
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2. Principal Place of Business <b>8905 REID PARKINGHOUSE RD</b>	3. Mailing Address <b>8905 REID PARKINGHOUSE RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HASTINGS</b>	City & State <b>HASTINGS</b>
Zip <b>FL</b>	Country <b>32145</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>DOUGLAS, PAUL 7006 ATLANTIC BLVD JACKSONVILLE FL 32211-8706</b>	
7. Name and Address of New Registered Agent Name <b>PAUL DOUGLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8905 REID PARKINGHOUSE RD</b> City <b>HASTINGS</b> FL Zip Code <b>32145</b>	

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 *Paul Douglas* **PAUL DOUGLAS PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May B Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DOUGLAS, PAUL 11151 RIVER CREEK DR E JACKSONVILLE FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DOUGLAS, PAUL 8905 REID PARKINGHOUSE RD HASTINGS FL 32145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Douglas* **PAUL DOUGLAS, Pres.** 3/21/05 904-463-345  
Signature and typed or printed name of signing officer or director Date Daytime Phone #