

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90004 023 \*\*\*150.00

**DOCUMENT # P03000146360**

1. Entity Name  
**PETE MICHELETTI FLOORING, INC.**



Principal Place of Business

**4460 SW 44TH LANE  
OCALA, FL 34474**

Mailing Address

**4460 SW 44TH LANE  
OCALA, FL 34474**

**50058278**



2. Principal Place of Business

**1720 N.W. 4th Ave**

3. Mailing Address

**P.O. Box 338**

Suite, Apt. #, etc.

**Suite 204**

Suite, Apt. #, etc.

City & State

**Ocala, FL**

City & State

**Morrison, FL**

Zip

**34475**

Country

**U.S.**

Zip

**32668**

Country

**U.S.**

07062005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0462106**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MICHELETTI, PETER T  
4460 SW 44TH LANE  
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name **Peter T. Micheletti**

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

**19331 S.E. 30th Street**

City

**Morrison**

FL

Zip Code

**32668**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-21-05**

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P, D** ☐ Delete  
NAME **MICHELETTI, PETER T**  
STREET ADDRESS **4460 SW 44TH LANE**  
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **VP D** ☐ Delete  
NAME **MICHELETTI, THOMAS J**  
STREET ADDRESS **4460 SW 44TH LANE**  
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **S, D** ☒ Delete  
NAME **MICHELETTI, SUSAN A**  
STREET ADDRESS **4460 SW 44TH LANE**  
CITY-ST-ZIP **OCALA, FL 34474**

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 **P.D.S.** ☒ Change ☐ Addition  
NAME **Micheletti, Peter T.**  
STREET ADDRESS **19331 S.E. 30th St.**  
CITY-ST-ZIP **Morrison, FL 32668**

TITLE **V.P., D.** ☒ Change ☐ Addition  
NAME **Micheletti, Thomas J.**  
STREET ADDRESS **7050 N.E. Hwy 41**  
CITY-ST-ZIP **Williston, FL 32666**

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

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]* **Peter T. Micheletti**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-05**

Date

**352-572-9929**

Daytime Phone #