


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90005 013 \*\*\*150.00

**DOCUMENT # P03000146733**

1. Entity Name  
**BP FLOORS, INC.**



Principal Place of Business      Mailing Address

**2322 HIDDEN LAKE STREET  
 KISSIMMEE FL 34741  
 US**      **2322 HIDDEN LAKE STREET  
 KISSIMMEE FL 34741  
 US**

**54064424**



MOORE CR2E034 (4/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**81-0639800**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PETERS, WILLIAM JR  
 2322 HIDDEN LAKE STREET  
 KISSIMMEE FL 34741**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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: *William H Peters Jr*      DATE: **7/9/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 DUE BY September 8, 2004  
 Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | P                       | <input type="checkbox"/> Delete |
| NAME           | PETERS, WILLIAM JR      |                                 |
| STREET ADDRESS | 2322 HIDDEN LAKE STREET |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34741      |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | PETERS, WILLIAM JR      |                                 |
| STREET ADDRESS | 2322 HIDDEN LAKE DRIVE  |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34741      |                                 |
| TITLE          | TREA                    | <input type="checkbox"/> Delete |
| NAME           | PETERS, WILLIAM JR      |                                 |
| STREET ADDRESS | 2322 HIDDEN LAKE STREET |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34741      |                                 |
| TITLE          | SEC                     | <input type="checkbox"/> Delete |
| NAME           | PETERS, WILLIAM JR      |                                 |
| STREET ADDRESS | 2322 HIDDEN LAKE STREET |                                 |
| CITY-ST-ZIP    | KISSIMMEE FL 34741      |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: *William H Peters Jr*      **William H PETERS Jr.**      DATE: **7/9/04**      (407) 847-5395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #