


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90014 031 \*\*\*150.00

<b>DOCUMENT # P03000148537</b> 1. Entity Name <b>FLOORING BY ANGEL, INC.</b>					
Principal Place of Business <b>3347 DAHLIA PL APT B LARGO, FL 33771</b>				Mailing Address <b>3347 DAHLIA PL APT B LARGO, FL 33771</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LOPEZ, ANGEL 3347 DAHLIA PL APT B LARGO, FL 33771</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>.FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER/PRESIDENT</b> <b>Angel M. Lopez</b> <b>3447 DAHLIA PL. APT B</b> <b>LARGO FL. 33771</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Scott Murray</b> <b>14031 PALM WAY</b> <b>LARGO FL. 33771</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>DAWN LOPEZ</b> <b>3447 DAHLIA PL. APT B</b> <b>LARGO FL. 33771</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>BOBBY KINGAID</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/28/04</b> <b>727-580-1960</b> <small>Date Daytime Phone #</small>		

24084370



07272004 Chg-P CR2E034 (10/03)

4. FEI Number **87-0715505** Applied For Not Applicable

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