



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90005 011 ***150.00

DOCUMENT # P03000149208 1. Entity Name HEWITT FLOOR COVERING, INC.					
Principal Place of Business 2300-A FAIRBURN DR. PENSACOLA, FL 32514			Mailing Address 2300-A FAIRBURN DR. PENSACOLA, FL 32514		
2. Principal Place of Business <i>Pensacola</i> Suite, Apt. #, etc. <i>#A</i>		3. Mailing Address <i>2300 Fairburn St</i> Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">14023410</div>  <div style="display: flex; justify-content: space-around; font-size: 10px;"> 04302004 Chg-P CR2E034 (10/03) </div>	
City & State <i>Pensacola FL</i>		City & State			
Zip <i>32514</i>		Country <i>Escambia</i>			
4. FEI Number <i>611435528</i>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent FAUBERT, SANDRA F 16784 PERDIDO KEY DR., #4 PENSACOLA, FL 32507					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HEWITT, RICKY CHARLES 2300-A FAIRBURN DR. PENSACOLA, FL 32514 <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	
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 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: <i>Ricky C Hewitt</i> <i>6-4-04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

attachment

14023410
#P03000149208

June 4, 2004

State of Florida, Division of Incorporation
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This is to confirm the telephone call to your office, and the conversation with "Eula" at 3:00 p.m. this date.

We did not receive any notification prior to the form enclosed, and we would like to request that the \$400.00 penalty be waived. We are enclosing a personal money for \$150.00.

We are sorry for the inconvenience.

Thank you for your consideration.

Sincerely,

Rickey Charles Hewitt

Rickey Charles Hewitt
Hewitt Floor Covering, Inc.
2300 Fairburn St. Lot A
Pensacola, FL 32514

/a