


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000149792					
1. Entity Name COMPLETE FLOORING, INC.					
Principal Place of Business 17414 49TH ROAD LOXAHATCHEE FL 33470			Mailing Address 17414 49TH ROAD LOXAHATCHEE FL 33470		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>20-0487803</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANNAH, MICHAEL W 17414 49TH ROAD LOXAHATCHEE FL 33470			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b>		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 <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>DUE BY September 7, 2005</b>					
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANNAH, MICHAEL W		NAME		
STREET ADDRESS	17414 49TH ROAD		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470		CITY-ST-ZIP	1100000376944 08/23/05-80001-019 150.00	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Mike Hannah</i> <b>Mike Hannah Pres</b>			Date: <b>8-5-05</b>		Daytime Phone #: <b>561-791-8667</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					