

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90081 043 ***158.75

DOCUMENT # P03000150238

1. Entity Name

ROBERT SPEARING FLOORING, INC.



Principal Place of Business

8312 COCOA AVENUE
JACKSONVILLE FL 32211

Mailing Address

8312 COCOA AVENUE
JACKSONVILLE FL 32211

2. Principal Place of Business

8312 COCOA AVE

Suite, Apt. #, etc. HOME

3. Mailing Address

8312 COCOA AVE

Suite, Apt. #, etc. FI

City & State

JACKSONVILLE FI

City & State

JACKSONVILLE FI

Zip

32211

Country

USA

Zip

32211

Country

USA

4. FEI Number

76-0747239

Applied For

Not Applicable

5. Certificate of Status Desired

A

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ZWIRN, JEFFREY J ESQ
4021 N ARMENIA AVENUE
SUITE 200
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name ROBERT M SPEARING

Street Address (P.O. Box Number is Not Acceptable) 8312 COCOA AVE

City JACKSONVILLE

FL

Zip Code 32211

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 Robert M Spearing

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

(NOTE: Registered Agent signature required when reinstating)

4-01-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SPEARING, ROBERT ☐ Delete
STREET ADDRESS 8312 COCOA AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-01-04