

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90196 010 ***150.00

DOCUMENT # P03000152288

1. Entity Name
FINAL CUT FLOORING, INC.



Principal Place of Business
**12227 GLEN HAVEN ST
SPRING HILL, FL 34609**

Mailing Address
**12227 GLEN HAVEN ST
SPRING HILL, FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0511710

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSSMAN, VIVIAN
12227 GLEN HAVEN ST
SPRING HILL, FL 34609**

Name
CROSSAN, VIVIAN

Street Address (P.O. Box Number is Not Acceptable)
12227 GLEN HAVEN STREET

City
SPRING HILL

FL

Zip Code
34609

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

Vivian Crossan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

x 4/30/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSTD
CROSSMAN,
12227 GLEN HAVEN ST
SPRING HILL, FL 34609**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D/P/S/T
CROSSAN, VIVIAN
1222 GLEN HAVEN STREET
SPRING HILL, FL 34609**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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:

Vivian Crossan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/30/04

Date

Daytime Phone #