

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2004-90010-026-\$550.00-\$550.00

DOCUMENT # P03000154287

1. Entity Name
S & B FLOORING INC



FILED

04 OCT 15 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7990 63RD ST N
PINELLAS PARK, FL 33781 US

Mailing Address
7990 63RD ST N
PINELLAS PARK, FL 33781 US

2. Principal Place of Business
2015 FISHERMENS BEND
Suite, Apt. #, etc.

3. Mailing Address
2015 FISHERMENS BEND
Suite, Apt. #, etc.



09022004 Chg-P CR2E034 (10/03)

City & State
PALM HARBOR, FL
Zip 34685 Country PINELLAS

City & State
PALM HARBOR, FL
Zip 34685 Country PINELLAS

4. FEI Number
76-0748195
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARK, WILLIAM C.
7990 63RD ST N
PINELLAS PARK, FL 33781

7. Name and Address of New Registered Agent

Name
WILLIAM C. LARK
Street Address (P.O. Box Number is Not Acceptable)
2015 FISHERMENS BEND
City PALM HARBOR FL Zip Code 34685

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 *W.C. Lark*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARLETON, SCOTT M	
STREET ADDRESS	7790 75TH WAY N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARK, WILLIAM C	
STREET ADDRESS	7990 63RD ST N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLETON, SCOTT M.	
STREET ADDRESS	1846 OAK PARK DR. S.	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARK, WILLIAM C.	
STREET ADDRESS	2015 FISHERMENS BEND	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *W.C. Lark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #