

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000156997

1. Entity Name
M & J FLOORCOVERING INC.



FILED

04 APR 30 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

24092 NE CR. 69A
ALTHA, FL 32421

Mailing Address

24092 NE CR. 69A
ALTHA, FL 32421

2. Principal Place of Business

24092 NE CR 69A

Suite, Apt. #, etc.

3. Mailing Address

24092 NE CR 69A

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

Altha, FL

City & State

Altha, FL

FEI Number

52-2408227

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTERSON, MICHAEL D
24092 NE CR. 69A
ALTHA, FL 32421

7. Name and Address of New Registered Agent

Name Michael D. Masterson

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

24092 NE CR 69A

City

Altha

FL

Zip Code 32421

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

Michael Masterson

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

(NOTE: Registered Agent signature required when reinstating)

4/29/04

DATE

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

TITLE P
NAME MASTERSON, MICHAEL D
STREET ADDRESS 24092 NE CR. 69A
CITY-ST-ZIP ALTHA, FL 32421 ☐ Delete

TITLE V
NAME DUNAGAN, JEREMY H
STREET ADDRESS 24092 NE CR. 69A
CITY-ST-ZIP ALTHA, FL 32421 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 700035851177 ☒ Change ☐ Addition
STREET ADDRESS 05/11/04--01021--013 **150.00
CITY-ST-ZIP

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Michael Masterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 674-3591

Date

Daytime Phone #