

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

02-10-2005 90056 043 \*\*\*150.00  
P03000157193

DOCUMENT # P03000157193

1. Entity Name  
FLOOR DECOR & MORE, INC.



05 AUG 19 AM 9:30

SEC. OF STATE  
TALLAHASSEE, FLORIDA  
50013307

Principal Place of Business  
4960 CYPRESS TRACE DRIVE  
TAMPA, FL 33624

Mailing Address  
4960 CYPRESS TRACE DRIVE  
TAMPA, FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012005 Chg-P CR2E034 (10/03)

4. FEI Number  
20-0530876

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

ALEJO, FERNANDO  
4960 CYPRESS TRACE DRIVE  
TAMPA, FL 33624

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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

D  
ALEJO, FERNANDO  
4960 CYPRESS TRACE DRIVE  
TAMPA, FL 33624

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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

02-04-05

Date

Daytime Phone #