2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 16, 2004 8:00 am Secretary of State **DOCUMENT # P03000157307** 1. Entity-Name 02-16-2004 90039 037 ***150.00 FRANCO'S FLOORING, INC. Principal Place of Business Mailing Address 151 LAKE GEORGE ROAD 151 LAKE GEORGE ROAD SEVILLE, FL 32190 SEVILLE, FL 32190 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 20-05/6954 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCISCO CARBAJAL BARNES & JAMES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301 151 LAKE GEORGE ROAD Zip Code 32190 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. CARBAJAL FRANCISCO (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PTS ■ Addition Change ☐ Delete TITLE CARBAJAL, FRANCISCO NAME NAME 151 LAKE GEORGE ROAD STREET ADDRESS STREET ADDRESS SEVILLE, FL 32190 CITY-ST-7IP CITY-ST-ZIP ASST. SECTY ☐ Delete ☐ Change ★ Addition TITI F TITLE MARIA G. CARBAJAL NAME 151 LAKE GEORGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SEVILLE FL TIT! F Delete TIBE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Addition TITLE ☐ Delete DBE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 386-749-2747

FILED