

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90004 018 ***150.00

DOCUMENT # P04000000278

1. Entity Name
ANTHONY FLOOR COVERING, INC



Principal Place of Business

1539 GENIE ST
ORLANDO, FL 32828

Mailing Address

1539 GENIE ST
ORLANDO, FL 32828

34038034

2. Principal Place of Business

1539 Genie St.

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32828

Country

US

3. Mailing Address

1539 Genie St.

Suite, Apt. #, etc.

N/A

City & State

Orlando, FL

Zip

32828

Country

US

05252004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0133012

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, ANTHONY
1539 GENIE ST
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name

Anthony Rivera

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

1539 Genie St.

City

Orlando

FL

Zip Code

32828

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

Anthony Rivera

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/16/04

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 | D | <input type="checkbox"/> Delete |
| NAME | RIVERA, ANTHONY | |
| STREET ADDRESS | 1539 GENIE ST | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | N/A | |
| 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 | | |
| 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:

Anthony Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Rivera

Date

6/16/04

Daytime Phone #

321-239-2944

Attachment 574058034
~~#004000000278~~

To Whom it May Concern, ^{6/16/04}

Please excuse me from
paying the late fee as this
is my first time as a
corporation and I did not
receive the card. Sorry for
any inconvenience.

Anthony Rivera
Anthony Rivera
321-239-2944