


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 028 ***150.00

DOCUMENT # P04000000463 1. Entity Name FERNANDINA FLOORS, INC.					
Principal Place of Business 2167-A SADLER ROAD FERNANDINA BEACH FL 32034			Mailing Address PO BOX 15774 FERNANDINA BEACH FL 32034		
2. Principal Place of Business 1881 S. 14th Street Suite, Apt. #, etc. Suite 3		3. Mailing Address Suite, Apt. #, etc. City & State Fernandina Beach, FL Zip 32034			
City & State Fernandina Beach, FL Zip 32034		City & State Zip Country USA		4. FEI Number 20-0523118 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FURMAN, RICHARD G 2167-A SADLER ROAD FERNANDINA BEACH FL 32034	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1881 S. 14th Street Suite 3 City Fernandina Beach FL Zip Code 32034				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 <u><i>Richard G. Furman</i></u> Richard G. Furman/President 4-25-05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P FURMAN, RICHARD G 2167-A SADLER ROAD FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FURMAN, PATRICIA A 2167-A SADLER ROAD FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete			
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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: <u><i>Patricia A. Furman</i></u> Patricia A. Furman 4-25-05 (904) 261-9825 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					