

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90009 005 ***158.75

DOCUMENT # P04000000469

1. Entity Name
ON SQUARE FLOORING, INC.



Principal Place of Business
**8954 109TH ST. NORTH
SEMINOLE, FL 33772**

Mailing Address
**8954 109TH ST. NORTH
SEMINOLE, FL 33772**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152004

Chg-P

CR2E034 (10/03)

4. FEI Number

43-2038669

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

**CARROLL, JENNINGS B
8954 109TH ST. NORTH
SEMINOLE, FL 33772**

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 of Registered Agent)

(NOTE: Registered Agent signature required when relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Change ☐ Addition
NAME	PRESIDENT
STREET ADDRESS	JENNINGS B CARROLL
CITY-ST-ZIP	8954 109TH ST N SEMINOLE, FL 33772
TITLE	☐ Change ☐ Addition
NAME	VICE-PRESIDENT
STREET ADDRESS	JENNINGS B CARROLL
CITY-ST-ZIP	8954 109TH ST N SEMINOLE, FL 33772
TITLE	☐ Change ☐ Addition
NAME	SECRETARY/TREASURER
STREET ADDRESS	JENNINGS B CARROLL
CITY-ST-ZIP	8954 109TH ST N SEMINOLE, FL 33772
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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:

(Signature of Officer or Director)
SIGNATURE AND TITLE OF REGISTERED OFFICER OR DIRECTOR

9/4/04

(727)455-7401