

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002718

FILED
Mar 31, 2005
Secretary of State

Entity Name: COSTELLO'S FLOOR COVERINGS, INC.

Current Principal Place of Business:

612 HAMPTON DOWNS COURT
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

612 HAMPTON DOWNS COURT
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 20-0562052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TAMI
4350 LAROSA AVENUE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

BROWN, NOEL
1872 TAMiami TRAIL S SUITE G
VENICE, FL 34293 US

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.

SIGNATURE: NOEL BROWN

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COSTELLO, JAMES
Address: 612 HAMPTON DOWNS COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP () Delete
Name: COSTELLO, DOROTHY
Address: 612 HAMPTON DOWNS COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: S () Delete
Name: COSTELLO, STEPHEN
Address: 612 HAMPTON DOWNS COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES COSTELLO

DPT

03/31/2005

Electronic Signature of Signing Officer or Director

Date