

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90142 040 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000003116			
1. Entity Name A & N FLOORING SERVICES, INC.			
Principal Place of Business 2732 N.W. 108TH TERRACE SUNRISE, FL 33444-1949		Mailing Address 2732 N.W. 108TH TERRACE SUNRISE, FL 33444-1949	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33322	Country	Zip 33322	Country
6. Name and Address of Current Registered Agent MARTIN, STEFFANI T 1704 17TH LANE LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	

40052111



02222005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0562069

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE

(Signature type in the printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when consulting.)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD	NAME ANTONIO REY	TITLE NAME	STREET ADDRESS 2732 N.W. 108TH TERR.	STREET ADDRESS NAME	CITY-STATE-ZIP SUNRISE, FL. 33322	CITY-STATE-ZIP
TITLE VP	NAME MORGAN PATTERSON	TITLE NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP	CITY-STATE-ZIP
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TITLE NAME	STREET ADDRESS	TITLE NAME	STREET ADDRESS	STREET ADDRESS	CITY-STATE-ZIP	CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Antonio Rey
ANTONIO REY

PRES.

4/3/05