2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 👱

May 03, 2005 8:00 am Secretary of State DOCUMENT # P04000004730 05-03-2005 90125 020 ***150.00 COMFORT FLOORS INC Principal Place of Business Mailing Address **5255 CINDERLANE PKWY** 5255 CINDERLANE PKWY ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address 27/9 ANNAN OALE AVE. Suite, Apt. #, etc. 2719 ANNAN ONLE AVE. 1st MOORE CR2E034 (10/04) City & State ORLAW DO FL Applied For City & State 4. FEI Number ORLAN DO 20-0550058 Not Applicable Country US \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Con FORT FLOORS INC Street Address (P.O. Box Number is Not Acceptable) MERCADO, EDWIN 5255 CINDERLANE PKWY #153 2719 ANNAU DALL AVR ORLANDO FL 32808 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Addition MERCADO EDWIN 2719 ANNANDIL AVE OVLANDO FL 328/0 MERCADO, EDWIN NAME NAME 5255 CINDERLANE PKWY #153 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP ☐ Change Detete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7P TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

4/57/05 321-2763472