

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 048 ***158.75

DOCUMENT # P04000005385					
1. Entity Name AAA FLOORING & COMPANY INC					
Principal Place of Business 916 BALMORAL DR. DAVENPORT, FL 33896			Mailing Address 916 BALMORAL DR. DAVENPORT, FL 33896		
2. Principal Place of Business 103 W. Cypress St.		3. Mailing Address P.O. Box 2533			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVENPORT FL		City & State DAVENPORT, FL		4. FEI Number 20-0534848	
Zip 33836		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIDDLEBROOKS, CHRISTOPHER S 916 BALMORAL DR. DAVENPORT, FL 33896			7. Name and Address of New Registered Agent Name CHRISTOPHER S. MIDDLEBROOKS Street Address (P.O. Box Number is Not Acceptable) 103 W. Cypress St. City DAVENPORT FL Zip Code 33836		
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 3-7-05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 MIDDLEBROOKS, CHRISTOPHER S 916 BALMORAL DR. DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTOPHER S. MIDDLEBROOKS 103 W. Cypress St. DAVENPORT FL 33836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIDDLEBROOKS, CHRISTOPHER S JR 916 BALMORAL DR. DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CHRISTOPHER S. JR. MIDDLEBROOKS 103 W. Cypress St. DAVENPORT FL 33836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MIDDLEBROOKS, SHERRY T 916 BALMORAL DR. DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. JAMES LEBLANC CONDALL 324 NORTH BLVD, WEST DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MIDDLEBROOKS, ELIZABETH L 916 BALMORAL DR. DAVENPORT, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES. MATHEW ELLIS CANTRALL 832 Village Way DAVENPORT, FL 33896	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			3-7-05 - 863-557-8292		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		