



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90540 044 \*\*\*150.00

<b>DOCUMENT # P04000009123</b> 1. Entry Name <b>DLS FLOOR &amp; TILE, INC.</b>					
Principal Place of Business <b>1908 RIVER PARK BLVD. ORLANDO, FL 32817 US</b>				Mailing Address <b>1908 RIVER PARK BLVD. ORLANDO, FL 32817 US</b>	
2. Principal Place of Business <b>Orlando</b> Suite, Apt. #, etc. <b>Home</b>		3. Mailing Address <b>1908 River Park Blvd</b> Suite, Apt. #, etc. <b>Home</b>			
City & State <b>Orl., Fla.</b>		City & State <b>Orl., Fla.</b>		4. FEI Number <b>59-3778722</b>	
Zip <b>32817</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STRAIT, PERRY W 29009 DRIVE 1 ASTOR, FL 32102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Douglas Strait</i></u> (NOTE: Registered Agent signature required when re-registering) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P</b> <input type="checkbox"/> Delete <b>STRAIT, DOUGLAS</b> <b>1900 RIVER PARK BLVD.</b> <b>ORLANDO, FL 32817</b>		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	
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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.					
<b>SIGNATURE:</b> <u><i>Douglas Strait</i></u> <small>SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/30/05</b> <b>407-616-7953</b> <small>Date Daytime Phone #</small>		