

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90167 018 ***150.00

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02242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000010309					
1. Entity Name MICHAEL SZUCHON FLOOR COVERING, INC.					
Principal Place of Business 1286 ANGELINE AVENUE ORLANDO, FL 32807			Mailing Address 1286 ANGELINE AVENUE ORLANDO, FL 32807		
2. Principal Place of Business 21855 Fort Christmas Rd.			3. Mailing Address 21855 Fort Christmas Rd.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Christmas Florida			City & State Christmas Florida		
Zip 32709		Country US		4. FEI Number 59-3776258	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAEL, SZUCHON 1286 ANGELINE AVENUE ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <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 SZUCHON, MICHAEL 1286 ANGELINE AVENUE ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SZUCHON, MICHAEL 1286 ANGELINE AVENUE ORLANDO, FL 32807	<input type="checkbox"/> Delete			
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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: <i>Michael Szuchon</i>		4/22/05		407/758/1465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	