

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000011943

1. Entity Name
FLOORING PALM BEACH, INC.



FILED

05 SEP 30 PM 7:00

SECRET
TALLAHASSEE, FLORIDA

Principal Place of Business
4235 S. 57TH AVE.
SUITE 202
GREENACRES, FL 33463

Mailing Address
4235 S. 57TH AVE.
SUITE 202
GREENACRES, FL 33463

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

09022005 Chg-P CR2E034 (10/03)

4. FEI Number 260600194 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHARBONNEAU, KIMBERLY D
4235 S. 57TH AVE.
SUITE 202
GREENACRES, FL 33463

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CHARBONNEAU, WILLIAM E
STREET ADDRESS 4235 S. 57TH AVE. STE 202
CITY-ST-ZIP GREENACRES, FL 33463 ☐ Delete

TITLE V
NAME STROUT, ROBERT M
STREET ADDRESS 4235 S. 46TH AVE. STE 202
CITY-ST-ZIP GREENACRES, FL 33463 ☐ Delete

TITLE S-
NAME CHARBONNEAU, KIMBERLY D
STREET ADDRESS 4235 S. 57TH AVE. STE 202
CITY-ST-ZIP GREENACRES, FL 33463 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700060246687
10/05/05--01029--007 **\$150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-21-05 561-719-5850