


2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-08-2005 90067 001 ***150.00
P04000014625

DOCUMENT # P04000014625 1. Entity Name GARY TROMBLEY'S FLOORING, INC.	
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FILED

05 APR 18 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Principal Place of Business 1100 SANCHEZ ST SE PALM BAY, FL 32909	Mailing Address 1100 SANCHEZ ST SE PALM BAY, FL 32909
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04052005 Chg-P CR2E034 (10/03)

City & State	City & State
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4. FEI Number 83-0382171	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TROMBLEY, GARY 1100 SANCHEZ ST SE PALM BAY, FL 32909
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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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">DPT TROMBLEY, GARY 1100 SANCHEZ ST SE PALM BAY, FL 32909</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	DPT TROMBLEY, GARY 1100 SANCHEZ ST SE PALM BAY, FL 32909	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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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: GARY S Trombley 4-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #