


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90340 040 ***150.00

DOCUMENT # P04000020317	
1. Entity Name KURT'S FLOORING INC.	

Principal Place of Business 5706 BAY BLVD PORT RICHEY FL 34668	Mailing Address 5706 BAY BLVD PORT RICHEY FL 34668
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2. Principal Place of Business 5706 Bay Blvd Port Richey, FL	3. Mailing Address 5706 Bay Blvd Port Richey, FL
Suite, Apt. #, etc. Port Richey, FL	Suite, Apt. #, etc. Port Richey, FL
City & State Port Richey, FL	City & State Port Richey, FL
Zip 34668	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 57-1197857		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 SALZILLP, KURT 5706 BAY BLVD PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name Salzillo, Kurt Street Address (P.O. Box Number is Not Acceptable) 5706 Bay Blvd City Port Richey FL Zip Code 34668

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 *Kurt Salzillo* (NOTE: Registered Agent signature required when reinstating) DATE 4-20-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALZILLO, KURT 5706 BAY BLVD PORT RICHEY FL 34668 <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
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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: *Kurt Salzillo* (727) 4-20-05 816-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #