

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000025708

1. Entity Name
PROFESSIONAL FLOORS & MORE INC.



Principal Place of Business
6722 BAYFRONT DRIVE
MARGATE, FL 33063

Mailing Address
6722 BAYFRONT DRIVE
MARGATE, FL 33063



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0497024

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MODAD, DANIEL A
1215 S.E. 2ND AVENUE #202
FORT LAUDERDALE, FL 3335

**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000394782
01/26/06-80022-019 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHILLIPS, TIMOTHY J
STREET ADDRESS 6722 BAYFRONT DRIVE
CITY - ST - ZIP MARGATE, FL 33063

TITLE VD
NAME PHILLIPS, LYNNE
STREET ADDRESS 6722 BAYFRONT DRIVE
CITY - ST - ZIP MARGATE, FL 33063

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Lynne Phillips
1/19/06 954-763-2960