## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 09, 2005 8:00 am Secretary of State **DOCUMENT # P04000029709** 1. Entity Name 09-09-2005 90035 019 \*\*\*150.00 CARLOS LOPEZ FLOOR COVERING, INC. Principal Place of Business Mailing Address **40725 PINETREE LANE** P. O. BOX 618 30000232 EUSTIS, FL 32736 SORRENTO, FL 32776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09072005 CR2E034 (10/03) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSON TERRY E Street Address (P.O. Box Number is Not Acceptable) 545 N. UMATILLA BLVD. UMATILLA, FL 32784 City 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD IIILE ☐ Delete TITLE ■ Addition LOPEZ, CARLOS NAME NAME **40725 PINETREE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CHY-ST-ZIP TITLE Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete Change Addition TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP

**FILED** 

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:/	SEGMATURE AND TYPEDOR PRINTED NAME OF	201708	President	0 7 05	352-669-4547	
	SIGNATURE AND TYPED OR PRINTED NAME O	F SIGNING OFFICER OR DIRECTOR	1 100100110	y year	Daytime Phone	

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