

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

DOCUMENT# P04000036045

**FILED**  
**Aug 19, 2005**  
**Secretary of State**

**Entity Name:** DOUGLAS SMITH FLOORCOVERING, INC.

**Current Principal Place of Business:**

8176 PELICAN ROAD  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

8176 PELICAN ROAD  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 20-0796866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, DOUGLAS  
8176 PELICAN ROAD  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: SMITH, DOUGLAS  
Address: 8176 PELICAN ROAD  
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SIANO, BRIAN  
Address: 3806 SW 7TH PL  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS SMITH

PS

08/19/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date