

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90076 004 \*\*\*150.00

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04272005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P04000043638</b> 1. Entity Name <b>GOLDEN FINISH FLOOR COVERING, INC.</b>																					
Principal Place of Business <b>1825 LINHART AVENUE # D-27 FORT MYERS, FL 33901</b>		Mailing Address <b>1825 LINHART AVENUE # D-27 FORT MYERS, FL 33901</b>																			
2. Principal Place of Business <b>1825 Linhart Av</b> Suite, Apt. #, etc. <b>D# 27</b> City & State <b>Ft Myers - FL</b> Zip <b>33901</b>		3. Mailing Address <b>1825 Linhart Av</b> Suite, Apt. #, etc. <b>D# 27</b> City & State <b>Ft. Myers - FL</b> Zip <b>33901</b>																			
4. FFL Number <b>919702221</b>		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>MATLAND, RUDOLPH K 12995 SOUTH CLEVELAND AVENUE SUITE 107 FORT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>Matlana Rudolph K</b> Street Address (P.O. Box Number is Not Acceptable) <b>12995 S. Cleveland Av</b> Suite <b>107</b> City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33907</b>																			
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 <u><i>Hanny</i></u> DATE <u>04/27/05</u> <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																			
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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: <u><i>Hanny</i></u> DATE: <u>04/27/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					