FILED
Apr 11, 2005 8:00 am
Secretary of State

03-15-2005 90045 002 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000057586

1. Entity Name
F & S FLOORING, INC.

66009343

Principal Place of Business	Mailing Address
~~4000 DOUGLAS AVENUE #115~~	~~4000 DOUGLAS AVENUE #115~~
~~ALTAMONTE SPRINGS, FL 32714-2030~~	~~ALTAMONTE SPRINGS, FL 32714-2030~~

03032005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
440 WESTERN ROAD	440 WESTERN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW SMYRNA BEACH	City & State: NEW SMYRNA BEACH
Zip: 32168 Country: VOLUSIA	Zip: 32168 Country: VOLUSIA

4. FEI Number: 83-0392549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, SUE
~~4000 DOUGLAS AVENUE #115~~
~~ALTAMONTE SPRINGS, FL 32714-2030~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 440 WESTERN ROAD

City: NEW SMYRNA BEACH FL Zip Code: 32168

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILSON, FRANK ~~4000 DOUGLAS AVENUE #115~~ ~~ALTAMONTE SPRINGS, FL 32714-2030~~ ☐ Delete	☒ Change ☐ Addition 440 WESTERN ROAD NEW SMYRNA BEACH, FL 32168
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WILSON, SUE ~~4000 DOUGLAS AVENUE #115~~ ~~ALTAMONTE SPRINGS, FL 32714-2030~~ ☐ Delete	☒ Change ☐ Addition 440 WSETERN ROAD NEW SMYRNA BEACH, FL 32168
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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: Sue Wilson Sue Wilson, Secy-Treas 03/06/2005 386-428-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #