2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2005 90045 002 ***150.00

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03032005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000057586

1. Entity Name
F & S FLOORING, INC.

Principal Place of Business	Mailing Address
[illegible]	[illegible]

2. Principal Place of Business	3. Mailing Address
440 WESTERN ROAD Suite, Apt. #, etc.	440 WESTERN ROAD 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	7. Name and Address of New Registered Agent
WILSON, SUE [illegible]	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 resigning) 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: P NAME: WILSON, FRANK STREET ADDRESS: [illegible] CITY-ST-ZIP: [illegible]	☐ Delete	TITLE: NAME: STREET ADDRESS: 440 WESTERN ROAD CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168	☒ Change ☐ Addition
TITLE: ST NAME: WILSON, SUE STREET ADDRESS: [illegible] CITY-ST-ZIP: [illegible]	☐ Delete	TITLE: NAME: STREET ADDRESS: 440 WSETERN ROAD CITY-ST-ZIP: NEW SMYRNA BEACH, FL 32168	☒ Change ☐ Addition
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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 #