2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P04000061069 1. Entity Name THINH PHAN FLOOR COVERING INC.					04-22-2005 90294 026 ***158.75				
Principal Place of Business Mailing Address 10852 PANICUM CT. 10852 PANICUM CT. NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655					4 3 8 3 (13/// 8/8// 88/// 13/// 88///	1111 1115 1 11	(1),	
2. Principal Pl	Nist L	<u>у Роор</u> 04192005 Chg-P CR2E034 (10/03)							
City & State City & State					4. FEI Numbe				fied-For
Zib JUNIH	Country	Trintly FI	nteg 71.			16949			Applicable
2346°	55 Pasco	34655	Pasco		5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent 7. Name and Address of Ne							gistered	Agent	
PHAN, THI 10852 PAN NEW POR	Street Address (P.O. Box Number is Not Acceptable) 15 3 3 Regal West 1507								
			To	WH	, F 1.	34655	`		
			City	City FL 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 The William Street agent. 4/18/05									
SIGNATURE_	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Re	egistered Agent signatu	ra required wh	hen reinstating)	<u> </u>	DATE	10/02	
APP 141.					_				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00		ution.	\$5.U Added	May Be I to Fees				
10.	OFFICERS AND D	IRECTORS ' Delcle	TITLE		ADDITIONS/	CHANGES TO OFFI	CERS AN	D DIRECTORS Change	IN 11 Addition
NAME	NGUYEN, KEITH	Delete		Ngw	yen, x	eith		Change	C Addition
STREET ADDRESS	4441 BAYCOURT AVE.		STREET ADDRESS	1693	. 0	wist lo	. 1		
CITY-ST-ZIP	TAMPA, FL 33611	1	CITY-ST-ZIP .	P	ind ' I	=1, 3465	<u> </u>	Change	☐ Addition
TITLE NAME	PHAN, THINH	☐ Delele	NAME	Pho	π , α	rinh			Addition
STREET ADDRESS	10852 PANICUM CT.		STREET ADDRESS	123	3 Rego	u mist 1	gop		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	75	inty i	F1. 3465	<u>s. </u>	<u> </u>	
TITLE NAME		Delete	TITLE "NAME					Change	Addition .
STREET ADDRESS	1	1	STREET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP						
TITLE		Delele	TITLE					Change	Addition
NAME STREET ADDRESS		•	NAME STREET ADDRESS					•	
CITY-ST-ZIP		;	CITY-ST-ZIP						
TITLE	1	☐ Delete	TITLE					☐ Change	Addition
NAME EXPERT ADDRESS			name Street address						
STREET ADDRESS City-St-Zip		•	CITY-ST-ZIP						
TITLE)		☐ Delete	TITLE					Change	Addition
NAME		1	NAME STREET ADDRESS			-			
STREET ADDRESS CITY-ST-ZIP		1	CITY-ST-ZIP						
12. I hereby	certify that the information supplied with I	this filing does not qualify for the	ne exemption stal	ted in Sec	tion 119.07(3)	(i), Florida Statutes.	I further or	ertify that the in	formation
of the co	d on this report or supplemental report is to reporation or the receiver or trustee empore l, or on an attachment with an address, w	wered to execute this report as	signature shall h s required by Cha	ave the sa opter 607,	ame legal effec Florida Statuto	ct as if made under or es; and that my nam	oath; that e appears	l am an officer in Block 10 or	or director Block 11 if