

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90071 011 ***150.00

DOCUMENT # P04000076429

1. Entity Name
W.V. FLOORING SERVICE CORP.



Principal Place of Business
**7202 FIVE POINT CIRCLE
 APT 102
 TAMPA, FL 33634**

Mailing Address
**7202 FIVE POINT CIRCLE
 APT 102
 TAMPA, FL 33634**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

50065740



09022005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1113027

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, OCTAVIO
 5015 W WATERS AVE
 SUITE F
 TAMPA, FL FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VILLANUEVA, WILLIAMS N	
STREET ADDRESS	7202 FIVE POINT CIRCLE APT 102	
CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **9/2/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50065740
#PO4000076429

W.V. FLOORING SERVICE CORP
7202 Five Point Circle Apt 102
Tampa, FL 33634

Dear Sir / Madam:

We did not receive our annual report form. We contacted your office and was advised to send the report by mail with this letter .

Sincerely
Williams N. Villanueva
President