


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90229 038 \*\*\*150.00

<b>DOCUMENT # P04000098712</b> 1. Entity Name <b>S.P.C. FLOORS, INC.</b>			
Principal Place of Business <b>720 GRIFFIN AVENUE LADY LAKES FL 32159</b>		Mailing Address <b>720 GRIFFIN AVENUE LADY LAKES FL 32159</b>	
2. Principal Place of Business <b>8940 SE 180th Ave. Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8940 SE 180th Ave. Rd.</b> Suite, Apt. #, etc.	
City & State <b>Ocklawaha Florida</b> Zip Country <b>32179 U.S.</b>		City & State <b>Ocklawaha Florida</b> Zip Country <b>32179 U.S.</b>	
4. FEI Number <b>20-1436092</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>MELISSA, PUMMILL 720 GRIFFIN AVENUE LADY LAKES FL 32159</b>		7. Name and Address of New Registered Agent Name <b>Melissa Pummill</b> Street Address (P.O. Box Number is Not Acceptable) <b>8940 SE 180th Avenue Road.</b> <b>Ocklawaha</b> City <b>FL</b> Zip Code <b>32179</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 <b>(VP) Melissa Pummill</b> <span style="float: right;">4-25-05</span> <small>Signature, 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</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>SCOTT, PUMMILL</b> STREET ADDRESS <b>720 GRIFFIN AVENUE</b> CITY-ST-ZIP <b>LADY LAKES FL 32159</b>	TITLE <b>P</b> NAME <b>Scott, Pummill</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>8940 SE 180th Ave. Rd.</b> CITY-ST-ZIP <b>Ocklawaha, FL 32179</b>		
TITLE <b>VP</b> NAME <b>MELISSA, PUMMILL</b> STREET ADDRESS <b>720 GRIFFIN AVENUE</b> CITY-ST-ZIP <b>LADY LAKES FL 32159</b>	TITLE <b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>melissa Pummill</b> STREET ADDRESS <b>8940 SE 180th Ave. Rd.</b> CITY-ST-ZIP <b>Ocklawaha, FL 32179</b>		
TITLE <b>S</b> NAME <b>SCOTT, PUMMILL</b> STREET ADDRESS <b>720 GRIFFIN AVENUE</b> CITY-ST-ZIP <b>LADY LAKES FL 32159</b>	TITLE <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>SCOTT, Pummill</b> STREET ADDRESS <b>8940 SE 180th Ave. Rd.</b> CITY-ST-ZIP <b>Ocklawaha, FL 32179</b>		
TITLE <b>T</b> NAME <b>MELISSA, PUMMILL</b> STREET ADDRESS <b>720 GRIFFIN AVENUE</b> CITY-ST-ZIP <b>LADY LAKES FL 32159</b>	TITLE <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Melissa, Pummill</b> STREET ADDRESS <b>8940 SE 180th Ave. Rd.</b> CITY-ST-ZIP <b>Ocklawaha, FL 32179</b>		
TITLE <input type="checkbox"/> Delete 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"/> Delete 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: <b>Melissa Pummill</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-25-05</b> <b>(852) 288-1828</b> <small>Daytime Phone #</small>	