

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-02-2005 90077 043 ***150.00

DOCUMENT # P04000134014 1. Entity Name MONEY'S FLOOR COVERING, INC.																																											
Principal Place of Business 76 ROSALIE OAKS BLVD. LAKE WALES, FL 33898		Mailing Address 76 ROSALIE OAKS BLVD. LAKE WALES, FL 33898																																									
2. Principal Place of Business 107 West Orange Suite, Apt. #, etc.		3. Mailing Address 107 West Orange Suite, Apt. #, etc.																																									
City & State LAKE WALES Florida Zip 33853 Country		City & State LAKE WALES Florida Zip 33853 Country USA																																									
4. FEI Number 52-2446455		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent BUSH, GEORGE T 205 AVENUE K, S.E. WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Darrell Money Street Address (P.O. Box Number is Not Acceptable) 76 Rosalie Oaks Blvd City LAKE WALES State FL Zip 33898																																									
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 <u><i>Darrell Money</i></u> Darrell Money - owner 2/25/05 <small>Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when registering)</small> DATE																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P. MONEY, DARRELL 76 ROSALIE OAKS BLVD. LAKE WALES, FL 33898 </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MONEY, DARRELL 76 ROSALIE OAKS BLVD. LAKE WALES, FL 33898	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Darrell Money</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/25/05 (863)679-3939 <small>Date Daytime Phone</small>																																									