

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90337 024 \*\*\*150.00

66019382



1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000135091</b>	
1. Entity Name <b>E &amp; T FLOOR COVERING, INC.</b>	



Principal Place of Business <b>13151 KINGS POINT DR - APT 13A FT MYERS FL 33919</b>	Mailing Address <b>13151 KINGS POINT DR - APT 13A FT MYERS FL 33919</b>
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2. Principal Place of Business <b>12200 Cypress Dr</b>	3. Mailing Address <b>12200 Cypress Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ft. Myers FL</b>	City & State <b>Ft. Myers FL</b>
Zip <b>33908</b>	Country <b>Lee</b>
Zip <b>33908</b>	Country <b>Lee</b>

4. FEI Number <b>20-1643347</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ROGERS, EDWIN L 13151 KINGS POINT DR - APT 13A FT MYERS FL 33919</b>	
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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 <b>Edwin L Rogers</b>	DATE <b>4/22/05</b>

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ROGERS, EDWIN L 13151 KINGS POINT DR - APT 13A FT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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>Edwin L Rogers</b>	DATE <b>4/22/05</b> (231) 645-9265