2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

07-13-2005 90016 018 ***150.00
08-15-2005 90080 048 ***400.00

50061553

DOCUMENT # P04000162457

1. Entity Name
ANTHONY'S FLOOR CONTRACTORS, INC.

Principal Place of Business	Mailing Address
P O BOX 772098 ORLANDO, FL 32877	P O BOX 772098 ORLANDO, FL 32877

2. Principal Place of Business	3. Mailing Address
2431 N. Quail Run Blvd.	2431 N. Quail Run Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State: Kissimmee, Florida
Zip: 34744 Country: U.S.A.	Zip: 34744 Country: U.S.A.

03042005 Chg-P CR2E034 (10/03)

4. FEI Number: 04-3807850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BONET, ANTHONY
14656 GRAND COVE DRIVE
ORLANDO, FL 32837

7. Name and Address of New Registered Agent

Name: Bonet, Anthony
Street Address (P.O. Box Number is Not Acceptable): 2431 N. Quail Run Blvd.
City: Kissimmee FL Zip Code: 34744

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONET, ANTHONY PO BOX 772098 ORLANDO, FL 32877	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bonet, Anthony 2431 N. Quail Run Blvd. Kissimmee, FL 34744	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] July 7, 2005 (407) 729-3770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #