2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000166823 03-01-2005 90069 026 ***150.00 ACRYLICON NIGHTENGALE FLOORING SYSTEMS, INC. Principal Place of Business Mailing Address უსსგსაას 1333 SAND RIDGE ROAD 1333 SAND RIDGE ROAD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Busines 3. Mailing Address 13333 Sand Ridge Road 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For Florida Florid 42-1653205 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3341 <u>33418</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, JAMES M ESQ. Street Address (P.O. Box Number is Not Acceptable) 1211 THE PLAZA SINGER ISLAND FL 33404 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE PRESIDENT- DIRECTOR Change Delete ☐ Addition SHUSTER/ Nightengale, JOHNN SHUSTER/NIGHTENGALE, JOANN M NAME NAME 13333 Sand Ridge Road. STREET ADDRESS 1333 SAND RIDGE ROAD STREET ADDRESS 33418 PALM BEACH GARDENS FL 33418 Palm Beach Gardens, Horida CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DITE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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

FILED

Mar 01, 2005 8:00 am

SIGNATURE: John Shute Makingal President 2-23-05 561-627-8311

SIGNATURE: John Shute of Spring OFFICE PRODUCTOR DESCRIPTION DATE OF Spring Phone of Daystree Phone of Daystree

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.