

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90341 012 ***150.00

DOCUMENT # P05000025127

1. Entity Name

THE FLOOR STORE OF NEWBERRY, INC.



Principal Place of Business

840 NW 24 45
NEWBERRY FL 32669

Mailing Address

840 NW 24 45
NEWBERRY FL 32669



2. Principal Place of Business

840 N.W. SR 45

3. Mailing Address

840 N.W. SR 45

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newberry Florida

City & State

Newberry FL

Zip

32669

Country

USA

Zip

32669

Country

USA

4. FEI Number

59-3798807

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STINTON, CHARLES A
840 NW 24 45
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name Stinton, Charles A.

Street Address (P.O. Box Number is Not Acceptable)

840 N.W. SR 45

City Newberry

FL

Zip Code

32669

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

Charles A. Stinton

Charles A. Stinton

4-10-2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME STINTON, CHARLES A
STREET ADDRESS 840 NW 24 45
CITY-ST-ZIP NEWBERRY FL 32669

TITLE D ☐ Delete
NAME STINTON, KIMBERLY J
STREET ADDRESS 840 NW 24 45
CITY-ST-ZIP NEWBERRY FL 32669

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Stinton, Charles, A.
STREET ADDRESS 840 N.W. SR 45
CITY-ST-ZIP Newberry FL 32669

TITLE D ☒ Change ☐ Addition
NAME Stinton, Kimberly J
STREET ADDRESS 840 N.W. SR 45
CITY-ST-ZIP Newberry FL 32669

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles A. Stinton
Charles A. Stinton

4-10-06

Date

352-472-1331

Daytime Phone #