

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90067 007 \*\*\*150.00

**DOCUMENT # P05000074493**

1. Entity Name

THE DISCOUNT FLOOR STORE, INC.



Principal Place of Business

3799 S. BANANA RIVER BLVD. #701  
COCOA BEACH FL 32931

Mailing Address

3799 S. BANANA RIVER BLVD. #701  
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0562088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCALLISTER, GARY K  
3799 S. BANANA RIVER BLVD. #701  
COCOA BEACH FL 32931

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete

NAME FOWLER, CARRIE C  
STREET ADDRESS 3799 S. BANANA RIVER BLVD. #701  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition

TITLE VS ☐ Delete

NAME MCCALLISTER, GARY K  
STREET ADDRESS 3799 S. BANANA RIVER BLVD. #701  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
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CITY-ST-ZIP

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TITLE ☐ Delete

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TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Carrie Fowler*

*24 April 06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #