

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

**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



04232007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000723950  
05/08/07-90059-021 158.75

10. OFFICERS AND DIRECTORS

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

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

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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*

CARRIE FOWLER

23 April 07 321-783-8453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone