

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000060959 1. Entity Name FLOORLANDO CARPETS, INC.	
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Principal Place of Business 2362 PEMBERTON DR S-103 APOPKA, FL 32704	Mailing Address POST OFFICE BOX 1058 APOPKA, FL 32704-1058
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**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2776823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCOY, CLYDE  
1375 S HARBOR DR  
MERRITT ISLAND, FL 32952

**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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCOY, CLYDE JR 1375 S HARBOR DR. MERRITT ISLAND, FL 32952
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05/05/05-80057-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Clyde McCoy Jr Clyde McCoy Jr 4-29-05 352-874-7646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #