

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90028 039 \*\*\*150.00

**DOCUMENT # P93000062891**

1. Entity Name  
**TAGGART FLOORING, INC.**



Principal Place of Business  
**8616 NW 70 ST. 3290 SW 139 Terr.**  
**MIAMI, FL 33166 US Davie, FL 33330**

Mailing Address  
**5 NORTH BEST POINT**  
**INVERNESS, FL 34450-1452 US**

94055017



2. Principal Place of Business  
**3290 SW 139 Terr.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02102004 Chg-P CR2E034 (10/03)

City & State  
**Davie, FL**  
Zip  
**33330**

City & State

4. FEI Number  
**65-0436182**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LUNDELIUS, SR WALTER D**  
**5 NORTH BEST POINT**  
**INVERNESS, FL 34450**

**7. Name and Address of New Registered Agent**

Name **THOMAS G. TAGGART**  
Street Address (P.O. Box Number is Not Acceptable)  
**3290 S.W. 139 TERR**  
City **DAVIE** **FL** Zip Code **33330**

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, 2004 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**  
**TAGGART, THOMAS**  
**8616 NW 70 STREET**  
**MIAMI, FL 33166**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DST**  
**LUNDELIUS SR., WALTER**  
**5 NORTH BEST POINT**  
**INVERNESS, FL 344501452**

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**THOMAS G. TAGGART** **4-22-04 (954) 916-6220**