

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90542 020 ***150.00

DOCUMENT # P94000010450

1. Entity Name

COMPLETE FLOOR COVERING, INC.



Principal Place of Business

**10900 PALMBAY DR.
ORLANDO, FL 32824 US**

Mailing Address

**P.O. BOX 948214
MAITLAND, FL 32794 US**

14014681



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3221603

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORCORAN, TERRANCE A
1100 MOJAVE TRAIL
MAITLAND, FL 32751**

Name **TERRANCE A. CORCORAN**

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

10900 PALMBAY DR.

City **ORLANDO**

FL

Zip Code

32824

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

Terrance A. Corcoran

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

(NOTE: Registered Agent signature required when reinstating)

4-28-05

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CORCORAN, TERRANCE A
STREET ADDRESS 10900 PALMBAY DR.
CITY-ST-ZIP ORLANDO, FL 32824

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

TITLE VD ☐ Delete
NAME CORCORAN, PAMELA L
STREET ADDRESS 10900 PALMBAY DR.
CITY-ST-ZIP ORLANDO, FL 32824

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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:

Samuel L. Corcoran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

Daytime Phone #