2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011574

Entity Name: C & S FLOORING, INC.

FILED Feb 01, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
JASMINE	HIGHWAY 19 N. PLAZA CHEY, FL 34668			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
JASMINE	HIGHWAY 19 N. PLAZA CHEY, FL 34668			
FEI Number	r: 59-3327643 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
201 S MOI TALLAHA: The above	AMANTHA D NROE ST SSEE, FL 32302 US e named entity submits this statement for the pu e of Florida.	rpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Ager	nt	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SKELTON, MIKE 10443 US HIGHWAY 19 NORTH / JASMINE PLAZA PORT RICHEY, FL 34668	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zin:	V () Delete LYNN, SKELTON 10443 US HIGHWAY 19 NORTH/ JASMINE PLAZA PORT RICHEY FL 34668	Title: Name: Address: Citv-St-Zin:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN SKELTON V 02/01/2005