

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000027700

1. Entity Name
H & S FLOOR COVERING, INC.



Principal Place of Business

1252 S WALNUT ST
STE C
STARKE, FL 32091 US

Mailing Address

2918 NW 196TH ST
STARKE, FL 32091

DO NOT WRITE IN THIS SPACE



07182004 No Chg-F CN2C034 (10/03)

1. FET Number

59-3311604

Applicant Fee

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HINDS, LAWRENCE M
NW 196TH STREET
STARKE, FL 32091

**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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HINDS, LAWRENCE M
NW 44 AVE
STARKE, FL 32091

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000167483
07/20/04-80006-016 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day & Phone #