2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an add

SIGNATUR

Jan 28, 2004 08:00 AM DOCUMENT # P95000084947 Secretary of State 1. Entity Name EXPRESS FLOORS, INC. Principal Place of Business Mailing Address P.O. BOX 187 2966 1ST PLACE VERO BEACH FL 32968 VERO BEACH FL 32961 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0625732 Not Applicable Country \$8.75 Additional $Z_{\rm IP}$ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELL, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 2966 1ST PLACE VERO BEACH FL 32968 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition Delete साध TITLE BELL, MICHAEL L. NAME U00000018612 NAME 01/28/04-80141-018 150.00 2966 1ST PLACE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP VERO BEACH FL Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE Mesas NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C11A - 21 - 51b ☐ Change Addition ☐ Selete T331 E TIRE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-AP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this flory as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

MiCHAEL BELL 1/23/04

FILED