


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 A
Secretary of State

DOCUMENT # P96000007740	
1. Entity Name FLOR-TEX, INC.	

Principal Place of Business 11700 SAN JOSE BLVD 18 JACKSONVILLE, FL 32223 US	Mailing Address PO BOX 23667 JACKSONVILLE, FL 32241-3667
---	--



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3355855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, DEAN
 4882 JAYBIRD CIRCLE NORTH
 JACKSONVILLE, FL 32257

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000562543
 05/19/06-80061-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, JAMES DEAN 4882 JAYBIRD CR N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREGORY, LYNDA A 4882 JAYBIRD CR N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARBIN, JEFFREY L 14677 MIDWAY RD STE 202 DALLAS, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lynda Gregory* Lynda Gregory 4/30/06 904-733-7634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #