

**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**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3355855	Applied For <input type="checkbox"/> 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

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000562543
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06
Date

904-733-7634
Daytime Phone #