

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91007 017 ***150.00

DOCUMENT # P96000028164

1. Entity Name
ACCENT FLOORCOVERING, INC.



Principal Place of Business Mailing Address

**1627 E GARY RD
 LAKELAND, FL 33801-2231 US** **1627 E GARY RD
 LAKELAND, FL 33801-2231 US**

2. Principal Place of Business 3. Mailing Address

5729 S. Florida Ave **5729 S. Florida Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lakeland, FL **Lakeland, FL**

Zip Country Zip Country

33813 **Flt** **33813** **Flt**



04202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**TAYLOR, DENNIS FRANK
 1627 E. GARY RD.
 LAKELAND, FL 33801**

4. FEI Number Applied For...

59-3372069 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5729 S. Florida Ave.

City State Zip Code

Lakeland **FL** **33813**

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 Dennis Frank Taylor, Pres. DATE 4/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DENNIS F	NAME	
STREET ADDRESS	1843 TRISTRAM	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, INGERLISE L	NAME	
STREET ADDRESS	1843 TRISTRAM	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Consalvia Jones, V.P. DATE 4/21/04 DAYTIME PHONE # 863-701-9411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #