

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State
07-26-2004 90004 021 ***550.00

DOCUMENT # P96000093186

1. Entity Name
PRO SPORT FLOORS, INC.



Principal Place of Business
**2751 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224**

Mailing Address
**2751 AVE OF THE AMERICAS
ENGLEWOOD, FL 34224**

34064843



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0425637

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FULLER, WALTER F
2751 AVENUE OF THE AMERICAS
ENGLEWOOD, FL 34224

Name **FULLER, WALTER**

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

2751 AVENUE OF THE AMERICAS

City **ENGLEWOOD**

FL

Zip Code **34224**

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 *Walter Fuller*
Signature, typed or printed name of registered agent and title if applicable.

WALTER FULLER

7/23/2004
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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
NAME **PVP** ☐ Delete
STREET ADDRESS **FULLER, WALTER F**
CITY-ST-ZIP **5280 CONNER TERRACE**
PORT CHARLOTTE, FL 33981

TITLE
NAME **P/D/C** ☒ Change ☐ Addition
STREET ADDRESS **FULLER, WALTER F**
CITY-ST-ZIP **5280 CONNER TERRACE**
PORT CHARLOTTE, FL 33981

TITLE
NAME **DCT** ☐ Delete
STREET ADDRESS **FULLER, CHESTER**
CITY-ST-ZIP **18344 AVON AVENUE**
PORT CHARLOTTE, FL 33948

TITLE
NAME **V/T** ☒ Change ☐ Addition
STREET ADDRESS **FULLER, CHESTER P**
CITY-ST-ZIP **18344 AVON AVENUE**
PORT CHARLOTTE, FL 33948

TITLE
NAME **V** ☐ Delete
STREET ADDRESS **FULLER, BOYD P**
CITY-ST-ZIP **20340 GENTRY AVN**
PORT CHARLOTTE, FL 33952

TITLE
NAME **V** ☒ Change ☐ Addition
STREET ADDRESS **FULLER, BOYD E**
CITY-ST-ZIP **20340 GENTRY AVENUE**
PORT CHARLOTTE, FL 33952

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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

Walter Fuller