2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90290 032 ***150.00

DOCUMENT # P98000013696

1. Entity Name
FLOORWORKS OF NORTH FLORIDA INC.

Principal Place of Business	Mailing Address
17 JIM WRIGHT RD JACKSONVILLE, FL 32254	PO BOX 37193 JACKSONVILLE, FL 32236-1793 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number 52-2097886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, DOUGLAS KEVIN
10285 STONINGTON WAY
JACKSONVILLE, FL 32221

7. Name and Address of New Registered Agent

Name

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

City **FL** 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]
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DOUGLAS KEVIN 10285 STONINGTON WAY JACKSONVILLE, FL 32221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DOUGLAS KEVIN 17 JIM WRIGHT ROAD JACKSONVILLE FL 32254	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, SAMUEL MICHAEL 2425 QUAIL AVE. JACKSONVILLE, FL 32218	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, SAMUEL MICHAEL 1519 OAK HAVEN ROAD JACKSONVILLE, FL 32207	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/22/04 (904)786-1100

DOUGLAS K PHILLIPS