


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000069771	
1. Entity Name TROPICAL FLOORING, INC.	

Principal Place of Business 10 N MAIN STREET LAKE PLACID, FL 33852 US	Mailing Address 10 N MAIN STREET LAKE PLACID, FL 33852 US
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DO NOT WRITE IN THIS SPACE

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03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0859087	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

WARNER, MICHAEL
158 CITRUS RD NE
LAKE PLACID, FL 33852

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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 _____ DATE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARNER, MICHAEL R 158 CITRUS ROAD NE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WARNER, SONJA 158 CITRUS ROAD NE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARNER, MICHAEL R 158 CITRUS RD NE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARNER, SONJA 158 CITRUS RD NE LAKE PLACID, FL 33852
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/04-80049-016 150.00

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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: Michael R. Warner 4-1-04 863 699-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #