

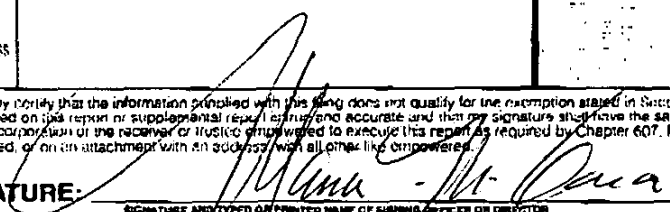
FROM :

FAX NO. : 4076683327

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90082 031 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000083100																																		
1. Entity Name: ALL FLOORING INSTALLATION SERVICE, INC.																																		
Principal Place of Business 4450 PARK BREEZE CT ORLANDO, FL 32804		Mailing Address 742 ARLENE DR DELTONA, FL 32725																																
DO NOT WRITE IN THIS SPACE																																		
8. Name and Address of Current Registered Agent GARCIA, MARIA M 742 ARLENE DR. DELTONA, FL 32725		05032005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3572121 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable																																
DO NOT WRITE IN THIS SPACE																																		
6. 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: _____ (NOTE: Registered Agent signature required when changing) DATE: _____																																		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>VD</td> </tr> <tr> <td>NAME</td> <td>GARCIA, HECTOR L</td> </tr> <tr> <td>STREET ADDRESS</td> <td>742 ARLENE DR.</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DELTONA, FL 32725</td> </tr> <tr> <td>TITLE</td> <td>PSTD</td> </tr> <tr> <td>NAME</td> <td>GARCIA, MARIA M</td> </tr> <tr> <td>STREET ADDRESS</td> <td>742 ARLENE DR.</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>DELTONA, FL 32725</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>			TITLE	VD	NAME	GARCIA, HECTOR L	STREET ADDRESS	742 ARLENE DR.	CITY- ST- ZIP	DELTONA, FL 32725	TITLE	PSTD	NAME	GARCIA, MARIA M	STREET ADDRESS	742 ARLENE DR.	CITY- ST- ZIP	DELTONA, FL 32725	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP	
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12. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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/ work all other like empowered. SIGNATURE:  5/3/05 407-947-4148 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone																																		