

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 25, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P99000074183

1. Entity Name

HANS LAY FLOORING, INC.



Principal Place of Business

8385 ROBIN RD.  
FT. MYERS FL 33912

Mailing Address

8385 ROBIN RD.  
FT. MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0941976

Applied For

Not Applicable

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

LAY, HANS  
8385 ROBIN RD.  
FT. MYERS FL 33912

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, 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**  
**Make Check Payable to Florida Department of State**

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 D ☐ Delete  
NAME LAYS, HANS  
STREET ADDRESS 8385 ROBIN RD.  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900037333769  
05/26/04--01030--004 \*\*150.00

TITLE T ☒ Delete  
NAME BEACH, RUSSELL V  
STREET ADDRESS 8385 ROBIN RD.  
CITY-ST-ZIP FT. MYERS FL 33912

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

TITLE V ☒ Delete  
NAME RUBINSTEIN, DANIEL  
STREET ADDRESS 8385 ROBIN RD.  
CITY-ST-ZIP FT. MYERS FL 33912

TITLE VP ☐ Change ☒ Addition  
NAME MICHAEL MAST  
STREET ADDRESS 8385 ROBIN RD.  
CITY-ST-ZIP FT. MYERS, FL. 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Hans Lay* - HANS LAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/04

(239) 466-2009  
Date Daytime Phone #

TO WHOM IT MAY CONCERN:

I WAS INJURED SEVERELY APRIL 13 IN A 16' FALL OFF DECK TO CONCRETE I DID NOT RECIEVE NOTICE ON TIME TO FILE ON TIME. I HEREBY REMIT \$150.00 + HAVE MADE CHANGES + SIGNED FORM. I RESPECTFULLY REQUEST MICHAEL MAST APPEAR ON INTERNET CORPORATION REPORT AS SOON AS POSSIBLE SO THAT I MAY FILL OUT WORK COMP. PAPERWORK IMMEDIATELY.

WITH BEST REGARDS,  
THANK YOU,  
Nancy Day