## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PE

DOCUMENT # S84941 04 JUL 28 PM 12: 48 1. Entity Name NATIONAL FLOORING SPECIALIST, INC. Principal Place of Business Mailing Address 11318 DISTRIBUTION AVE 1905 PREMIER ROAD ORLANDO, FL 32809 JACKSONVILLE, FL 32256 2. Principal Place of Business 705C MABRY ST. 07222004 Chg-P CR2E034 (10/03) THIS STATE HASSEE, FL Applied For 4. FEI Number AILAHASSEZ 59-3171802 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINKBEINER, FRANK 105 EAST ROBINSON STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 301** ORLANDO, FL 32801 City Zip Code FL 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) FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. XX Delete PRESIDENT S/T TITLE TITLE Change Addition HALL, LARRY W JR TERRY SIMPKINS NAME NAME 9026 RON DEN LANE 705C MABRY STREET STREET ADORESS STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP Tallahassee, Florida 32304 Delete TITLE TITLE VICE PRESIDENT/SECRETARY Change **X** Addition GRAULICH, ARTHUR C NAME NAME MARIE TROFIMUK STREET ADDRESS 4474 KAISER AVE STREET ADDRESS 6308 Greatwater Drive Winderemere, Florida CITY-ST-ZIP ST. CLOUD, FL 34772 CITY-ST-ZIP 34786 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME 700039644297 STREET ADDRESS STREET ADDRESS 07/28/04--01006--022 \*\*620.00 City-St-719 CITY-ST-ZtP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with an address. changed, or on an attachment with an address SIGNATURE: