

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90084 027 ***150.00

DOCUMENT # V00845

1. Entity Name

CUSTOM FLOORING & DESIGN, INC.



Principal Place of Business

**9729 BEACH BLVD
JACKSONVILLE FL 32246
US**

Mailing Address

**9729 BEACH BLVD
JACKSONVILLE FL 32246
US**

54002025



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3100350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAULT, JAMES L
4083 SPRING PARK CIRCLE
JACKSONVILLE FL 32207**

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, 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

TITLE VP ☐ Delete
NAME TAYLOR, JOSEPH
STREET ADDRESS 10660 CRAIG DR
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE P ☐ Delete
NAME BAULT, JAMES
STREET ADDRESS 1301 LAKEWOOD DR
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE T ☐ Delete
NAME BAULT, JAMES
STREET ADDRESS 1301 LAKEWOOD DR
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE S ☐ Delete
NAME CARVER, ADAM
STREET ADDRESS 4083 SPRING PARK CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition
NAME Taylor Joseph
STREET ADDRESS 1385 Brookwood Forest Blvd
CITY-ST-ZIP Jax FL 32225

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

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

TITLE S ☒ Change ☐ Addition
NAME Carver Adam
STREET ADDRESS 4301 Confederate Pt Apt 97
CITY-ST-ZIP Jax FL 32210

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-04

Date

9046456339

Daytime Phone #