

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

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
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01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3100350	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BAULT, JAMES L 4083 SPRING PARK CIRCLE JACKSONVILLE, FL 32207
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JOSEPH 1385 BROOKWOOD FOREST BLVD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAULT, JAMES 1301 LAKEWOOD DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAULT, JAMES 1301 LAKEWOOD DR JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARVER, ADAM 4301 CONFEDERATE PT, APT 97 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000221308  
02/09/05-80029-008 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

2-8-05

Date

9046456339

Daytime Phone #