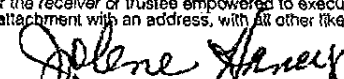


FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 411089 1. Entity Name WELDON HANEY CARPETS, INC.			
Principal Place of Business 130 N STARCREST CLEARWATER, FL 33765 US		Mailing Address 130 N STARCREST CLEARWATER, FL 33765 US	
DO NOT WRITE IN THIS SPACE			
		04262006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1499237	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANEY, JOE WELDON 2063 OAKADIA DRIVE S. CLEARWATER, FL 33764		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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000551911 05/13/06-80118-024 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HANEY, JOLENE 2063 OAKADIA DR. CLEARWATER, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GETER, PAULA LYN 2063 OAKADIA DR. CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD JOE WELDON HANEY 2063 OAKADIA DR. CLEARWATER, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		4/28/2006 4/28/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	