2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90098 016 ***150.00

DOCUMENT # P02000119571

1. Entity Name
WHITE'S CUSTOM FLOORING, INC.

Principal Place of Business	Mailing Address
~~5600 EGGLESTON AVENUE~~	~~5600 EGGLESTON AVENUE~~
~~ORLANDO FL 32810~~	~~ORLANDO FL 32810~~

2. Principal Place of Business	3. Mailing Address
209 Lake Blvd.	209 Lake Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, Florida	City & State: Sanford Florida
Zip: 32773 Country: USA	Zip: 32773 Country: USA

1st MOORE CR2E034 (10/04)

4. FEI Number 43-1981033 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WHITE, MONTY
~~5600 EGGLESTON AVENUE~~
~~ORLANDO FL 32810~~

7. Name and Address of New Registered Agent

Name: WHITE, MONTY
Street Address (P.O. Box Number is Not Acceptable): 209 Lake Blvd.
City: Sanford **FL** Zip Code: 32773

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: Monty White Monty White 4.27.05
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, 2005 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	PVST	☐ Delete	TITLE	PVST	☒ Change ☐ Addition
NAME	WHITE, MONTY		NAME	white, Monty	
STREET ADDRESS	~~5600 EGGLESTON AVENUE~~		STREET ADDRESS	209 Lake Blvd Sanford Fl.	
CITY-ST-ZIP	~~ORLANDO FL 32810~~		CITY-ST-ZIP	32773	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: X Monty White Monty White President 4.27.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #