2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644905

FILED Jan 06, 2005 Secretary of State

Entity Name: WILSON FLOOR COVERING OF PENSACOLA, INC.

Current Pr	incipal Place o	of Business:	New Princ	cipal Place of Business:	
P.O.BOX 25	ETT STREET 545 LA, FL 325139:	545			
Current Mailing Address:			New Mailii	New Mailing Address:	
P.O.BOX 25	ETT STREET 545 LA, FL 325132	545 US			
FEI Number:	59-1961881	FEI Number Applied For ()	FEI Number Not Appli	clicable () Certificate of Status Desired ()	
Name and	Address of Cเ	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
3800 LIGGE	ROBERT H., III ETT ST. LA, FL 32505	US			
The above in the State	named entity su of Florida.	ubmits this statement for the purp	pose of changing it	its registered office or registered agent, or both,	
SIGNATUR		Signature of Registered Agent		 Date	
Election Cam		Trust Fund Contribution ().		2	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WILSON, ROBER 3800 LIGGETT S PENSACOLA, FL	Delete IDRA ITREET	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (X) Change () Addition WILSON, ROBERT H., I, II 3800 LIGGETT ST. PENSACOLA, FL 32505 D (X) Change () Addition LUCASSEN, SANDRA 3800 LIGGETT STREET PENSACOLA, FL 32505	
Title: Name: Address: City-St-Zip: Title:	VIVERETTE, DIX 3800 LIGGETT S PENSACOLA, FL VP () [:T Delete	Title: Name: Address: City-St-Zip: Title:	S (X) Change () Addition VIVERETTE, DIXIE F 3800 LIGGETT ST PENSACOLA, FL 32505 () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	NELSON, LARRY 3800 LIGGETT S PENSACOLA, FL VP () E JOHNSTON, FRA 3800 LIGGETT S PENSACOLA, FL	rT . 32505 Delete NK H JR rT	Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:		Delete T	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIXIE F. VIVERETTE S 01/06/2005