
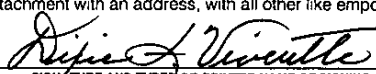


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90030 021 ***150.00

DOCUMENT # 644905 1. Entity Name WILSON FLOOR COVERING OF PENSACOLA, INC.					
Principal Place of Business 3800 LIGGETT STREET P.O. BOX 2545 PENSACOLA, FL 32513-9545			Mailing Address 3800 LIGGETT STREET P.O. BOX 2545 PENSACOLA, FL 32513-2545 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, ROBERT H., III 3800 LIGGETT ST. PENSACOLA, FL 32505				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, ROBERT H., III		NAME		
STREET ADDRESS	3800 LIGGETT ST.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCASSEN, SANDRA		NAME		
STREET ADDRESS	3800 LIGGETT STREET		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIVERETTE, DIXIE F		NAME		
STREET ADDRESS	3800 LIGGETT ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NELSON, LARRY J		NAME		
STREET ADDRESS	3800 LIGGETT ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSTON, FRANK H JR		NAME		
STREET ADDRESS	3800 LIGGETT ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, TROY E		NAME		
STREET ADDRESS	3800 LIGGETT ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32505		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:  DIXIE F. VIVERETTE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			FEBRUARY 10, 2006 (850) 433-3154 <small>Date Daytime Phone #</small>		