2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 644905

Entity Name: WILSON FLOOR COVERING OF PENSACOLA, INC.

Current Principal Place of Business:

3800 LIGGETT STREET
P.O.BOX 2545
PENSACOLA, FL 325139545

New Principal Place of Business:

3800 LIGGETT STREET
PENSACOLA, FL 32505

Current Mailing Address:

3800 LIGGETT STREET
P.O.BOX 2545
PENSACOLA, FL 325132545 US

New Mailing Address:

FEI Number: 59-1961881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, ROBERT H., III
3800 LIGGETT ST.
PENSACOLA, FL 32505 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, ROBERT H., I, II
Address: 3800 LIGGETT ST.
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: LUCASSEN, SANDRA
Address: 3800 LIGGETT STREET
City-St-Zip: PENSACOLA, FL 32505

Title: S (X) Delete
Name: VIVERETTE, DIXIE F
Address: 3800 LIGGETT ST
City-St-Zip: PENSACOLA, FL 32505

Title: VP ( ) Delete
Name: JOHNSTON, FRANK H JR
Address: 3800 LIGGETT ST
City-St-Zip: PENSACOLA, FL 32505

Title: T ( ) Delete
Name: SCHULTE, MICHELE A
Address: 3800 LIGGETT ST
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: LUCASSEN, SANDRA
Address: 3800 LIGGETT STREET
City-St-Zip: PENSACOLA, FL 32505

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT H. WILSON, III PRES 01/21/2009

Electronic Signature of Signing Officer or Director — Date