


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2005 08:00 AM  
Secretary of State

DOCUMENT # 665099 1. Entity Name BEACH FLOOR COVERING, INC.	
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Principal Place of Business 2240 PERIWINKLE WAY SANIBEL, FL 33957 US	Mailing Address 2240 PERIWINKLE WAY SANIBEL, FL 33957 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2003518	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  RUTH, LAWRENCE D. 2240 PERIWINKLE WAY SANIBEL, FL 33957	DO NOT WRITE IN THIS SPACE
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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: Lawrence D. Ruth LAWRENCE D. RUTH 2-3-05  
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000216418 02/05/05-80047-020 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RUTH, LAWRENCE D 15900 SHADOW RUN FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUTH, PAMELA J 15900 SHADOW RUN FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, RICHARD J. RT 11 18680 SEBRING RD FT MYERS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence D. Ruth LAWRENCE D. RUTH 2-3-05 (239)-395-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #