

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90028 037 \*\*\*158.75

<b>DOCUMENT # F04000005285</b> 1. Entity Name <b>PROFESSIONAL COMMERCIAL FLOORING CO., INC.</b>	
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Principal Place of Business 1922 WOODLANDS INDUSTRIAL DRIVE TRUSSVILLE, AL 35173	Mailing Address P.O. BOX 100429 BIRMINGHAM, AL 35210
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CROWE, TOM L 301 EAST HICKORY AVENUE CRESTVIEW, FL 32536	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP LATTA, MARK B P.O. BOX 101912 BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LATTA, CHARLES 156 LAKE LANDING SHELBY, AL 35143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LATTA, TINA G P.O. BOX 10192 BIRMINGHAM, AL 35210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ODEN, GLEN 2775 PINEDALE ROAD ASHVILLE, AL 35953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EASON, OLANDUS 1820 CENTER ST. S BIRMINGHAM, AL 35205
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)(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:**  **08/31/05 (205) 956-4408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #