

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000005370

Entity Name: SOUTHERN FLOOR SERVICES, INC.

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

1922 OLD COVINGTON HWY
CONYERS, GA 30012

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 82757
CONYERS, GA 30013

New Mailing Address:

FEI Number: 58-2645475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, MICHAEL S
521 WEST MILLER ST
ORLANDO, FL 32805 US

Name and Address of New Registered Agent:

CLARKE, MICHAEL S
415 COLUMBIA STREET
ORLANDO, FL 32806 US

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

01/11/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARKE, MICHAEL
Address: P.O. BOX 82757
City-St-Zip: CONYERS, GA 30013

Title: VP () Delete
Name: KRIDER, TOM
Address: 521 WEST MILLER ST
City-St-Zip: ORLANDO, FL 32805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KRIDER, TOM
Address: 415 COLUMBIA STREET
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CLARKE

P

01/11/2006

Electronic Signature of Signing Officer or Director

Date