

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000636

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: DAN SPIRES FLOOR COVERING, INC.

## Current Principal Place of Business:

1016 WALLER ST  
WAYCROSS, GA 31501

## New Principal Place of Business:

## Current Mailing Address:

1016 WALLER ST  
WAYCROSS, GA 31501

## New Mailing Address:

FEI Number: 58-2067571

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIRES, DAN  
507 S FLETCHER  
FERNANDINA BEACH, FL 32034 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPIRES, SCOTT  
Address: 4619 ALABAMA WOODS DR  
City-St-Zip: BLACKSHEAR, GA 31516

Title: S ( ) Delete  
Name: SPIRES, JOHN  
Address: 2109 GIBBS ST  
City-St-Zip: WAYCROSS, GA 31503

Title: D ( ) Delete  
Name: SPIRES, PRESTON  
Address: 2833 PLANT AVE  
City-St-Zip: WAYCROSS, GA 31501

Title: D ( ) Delete  
Name: SPIRES, BRAD  
Address: 2833 PLANT AVE  
City-St-Zip: WAYCROSS, GA 31501

Title: D ( ) Delete  
Name: SPIRES, DAN  
Address: 2833 PLANT AVE  
City-St-Zip: WAYCROSS, GA 31501

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: SCOTT SPIRES

P

07/03/2006

Electronic Signature of Signing Officer or Director

Date