

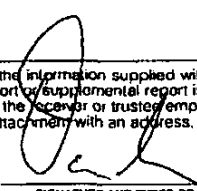
Receipt # F05000000636

FILED
Sep 06, 2007 8:00 am
Secretary of State

09-06-2007 90009 003 ***150.00

1. FORMULARY NOT APPLICABLE (OTHER THAN STATE OF FLORIDA) (SEE INSTRUCTIONS)

2nd MOORE CR2E034 (4/07)

Entity Name DAN SPIRES FLOOR COVERING, INC.					
Principal Place of Business 1016 WALLER ST WAYCROSS GA 31501		Mailing Address 1016 WALLER ST WAYCROSS GA 31501			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2067571	
Zip		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SPIRES, DAN 507 S FLETCHER FERNANDINA BEACH FL 32034				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ Signature, typed or printed name of registered agent must be in all capital letters.					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPIRES, SCOTT		NAME		
STREET ADDRESS	4619 ALABAMA WOODS DR		STREET ADDRESS		
CITY-STATE-ZIP	BLACKSHEAR GA 31516		CITY-STATE-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPIRES, JOHN		NAME		
STREET ADDRESS	2109 GIBBS ST		STREET ADDRESS		
CITY-STATE-ZIP	WAYCROSS GA 31503		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPIRES, PRESTON		NAME		
STREET ADDRESS	2833 PLANT AVE		STREET ADDRESS		
CITY-STATE-ZIP	WAYCROSS GA 31501		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPIRES, BRAD		NAME		
STREET ADDRESS	2833 PLANT AVE		STREET ADDRESS		
CITY-STATE-ZIP	WAYCROSS GA 31501		CITY-STATE-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SPIRES, DAN		NAME		
STREET ADDRESS	2833 PLANT AVE		STREET ADDRESS		
CITY-STATE-ZIP	WAYCROSS GA 31501		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the agent 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: 			7/23/07 912-285-8269		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		