



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000023320</b>	
1. Entity Name <b>TRI-COUNTY FLOORING STORE, INC.</b>	

Principal Place of Business <b>13527 NW US 19 CHIEFLAND, FL 32626</b>	Mailing Address <b>13527 NW US 19 CHIEFLAND, FL 32626</b>
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DO NOT WRITE IN THIS SPACE

	
07012005    No Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3633409</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MCDONALD, KATHERINE R 609 SW 1ST ST TRENTON, FL 32693</b>	DO NOT WRITE IN THIS SPACE
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 <i>Katherine McDonald</i> <i>Katherine McDonald</i> <b>8-29-05</b>	DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$550.00 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	<b>U000000377442 08/31/05-80002-006 550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, KATHERINE R 13527 NW US 19 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, ROBERT E 13527 NW US 19 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

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