2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 15, 2004 08:00 AM Secretary of State

	ANI	NUAL REPORT	Contract of the Contract of th	Jai	113, 40	04 00:00 ANI	
	MENT # P020			Secreta	ry of State		
1. Enlity Name LAURENCE G. EVERLY FLOORING, INC.							
Principal Place	ce of Business	Mailing Address		-{			
2169 LAKE I	DR.	2169 LAKE DR.					
WINTER PAR	RK, FL 32789	WINTER PARK, FL 32789					
			01122004	No Chg-P	CR2E034 (10/03)		
	O NOT W	ACE	4. FEI Number		Applied For		
				03-04143	316	Not Applicat	
				5. Certificate of	Status Desired	S8.75 Additional Fee Required	
	6. Name and Address	of Current Registered Agent		<u> </u>			
	LAURENCE G	•	DO N	IOT W	DITE		
2169 LAKE DR. WINTER PARK, FL 32789				DO NOT WRITE			
77772.77743,72 02700				IN THIS SPACE			
8. The above	named entity submits this stions of registered agent.	statement for the purpose of changing its reg	istered office or registe	red agent, or both,	in the State of Flo	rida. I am familiar with, and accep	
٠,	Lawrence. a	5 men - 05 TI	n n	<u> </u>	®n \ 2.9	5A	
SIGNATURE_	1927	egrapered agent and title if applicable (NOTE Re-	gistered Agent signature require		(DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				.00 May Be led to Fees			
10.		CERS AND DIRECTORS					
TITLE NAME	PSTD EVERLY, LAURENCE	G					
STREET ADDRESS	2169 LAKE DR.				U00000	0004419	
CITY-ST-ZIP	WINTER PARK, FL 32	2789			01/15/04-)004419 -80012-009 150.00	
TITLE NAME							
STREET ADDRESS			Į				
CITY-ST-ZIP							
TITLE NAME			i				
STREET ADDRESS				DO N	W TO	RITE	
CITY-ST-ZIP			_	<u> </u>			
NAME				IN THIS SPACE			
STREET ADDRESS							
CITY-ST-ZIP			_				
NAME			1				
STREET ADDRESS CITY-ST-ZIP							
TITLE				•			

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE: JOHNSONCE GENERAL DELINERNOCE GENERAL PSTD 1/12/04 407 645-5253