2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State **DOCUMENT # P03000116568** 05-03-2004 90760 033 ***150.00 1. Entity Name CLEVENGER FLOOR COVERING INSTALLATION, INC. Principal Place of Business Mailing Address 14017718 **5790 AVONDALE 5790 AVONDALE** PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04302004 Applied For City & State City & State 4. FEI Number Not Applicable Zip . Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAUBERT, SANDRA F Street Address (P.O. Box Number is Not Acceptable) 16784 PERDIDO KEY DRIVE #4 PENSACOLA, FL 32507 City 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE CLEVENGER, CHARLES E NAME MAME STREET ADDRESS STREET ADDRESS 5790 AVONDALE CITY-ST-ZXP PENSACOLA, FL 32526 CITY-ST-ZIP Addition TUTE Change ☐ Delete TITLE BULLINGTON, JAMES NAME NAME 5790 AVONDALE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-702 CITY-ST-ZIP ☐ Detete Change ■ Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered tolevacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if demental report is true after or trustee empowered with an address, with all changed, or on an attachme like empowered. -30-04

NTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 03, 2004 8:00 am

Davtime Phone #