2004 FOR PROFIT CORPORATION

changed, or on an attachment with

SIGNATURE AND TYPED OR F

Apr 09, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-09-2004 90080 035 ***150.00 DOCUMENT # P03000130099 HAVEN FLOORING, INC. 44025665 Mailing Address Principal Place of Business 1236 NE 17 AVE 1236 NE 17 AVE GAINESVILLE, FL 32609 GAINESVILLE, FL 32609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052004 Chg-P - Applied For City & State City & State 4. FEI Nur Not Applicable -Zip----Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CRAIG, J NORMAN Street Address (P.O. Box Number is Not Acceptable) 1135 NW 23 AVE SUITE M GAINESVILLE, FL 32609 Zip Code FL 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Change Addition NAME HAVEN, SHANE NAME STREET ADDRESS STREET ADORESS 1236 NE 17 AVE CITY-ST-ZIF GAINESVILLE, FL 32609 CITY-ST-ZIP Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE THILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

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Daytime Phone #