

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000131868

1. Entity Name

DAWES FLOORING, INC.



**FILED
May 04, 2006 8:00 am
Secretary of State**

05-04-2006 90225 040 ***158.75



1st MOORE CR2E034 (10/05)

Principal Place of Business 6019 LAKEWOOD RD SEBRING FL 33875		Mailing Address 5019 LAKEWOOD RD SEBRING FL 33875	
2. Principal Place of Business <i>5732 Cherry Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>5732 Cherry Rd</i> Suite, Apt. #, etc.	
City & State <i>Sebring FL</i>		City & State <i>Sebring FL</i>	
Zip <i>33875</i>	Country <i>USA</i>	Zip <i>33875</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent MCCOLLOM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING FL 33870			
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 and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWES, THOMAS C <i>5732 Cherry Rd</i> 6019 LAKEWOOD ROAD SEBRING FL 33875	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWES, Thomas C <i>5732 Cherry Rd</i> 6019 LAKEWOOD ROAD SEBRING FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWES, SHELLEY A <i>5732 Cherry Rd</i> 6019 LAKEWOOD ROAD SEBRING FL 33875	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWES, Shelley <i>5732 Cherry Rd</i> 6019 LAKEWOOD ROAD SEBRING FL 33875
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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 exemptions contained in Section 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 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.

SIGNATURE: *Shelley A. Dawes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/06
Daytime Phone #