


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2006 90225 040 \*\*\*158.75

<b>DOCUMENT # P03000131868</b>	
<b>1. Entity Name</b> <b>DAWES FLOORING, INC.</b>	

<b>Principal Place of Business</b> <b>6019 LAKEWOOD RD</b> <b>SEBRING FL 33875</b>	<b>Mailing Address</b> <b>6019 LAKEWOOD RD</b> <b>SEBRING FL 33875</b>
--	--



<b>2. Principal Place of Business</b> <b>5732 Cherry Rd</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <b>5732 Cherry Rd</b> Suite, Apt. #, etc.
---	---

1st MOORE CR2E034 (10/05)

<b>City &amp; State</b> <b>Sebring FL</b>	<b>City &amp; State</b> <b>Sebring FL</b>
<b>Zip</b> <b>33875</b>	<b>Zip</b> <b>33875</b>
<b>Country</b> <b>USA</b>	<b>Country</b> <b>USA</b>

<b>4. FEI Number</b> <b>20-0400297</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
---	--

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

<b>6. Name and Address of Current Registered Agent</b> <b>MCCOLLOM, JAMES F</b> <b>129 SOUTH COMMERCE AVENUE</b> <b>SEBRING FL 33870</b>
---

<b>7. Name and Address of New Registered Agent</b>
<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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** \_\_\_\_\_ (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** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>DAWES, THOMAS C</b> <b>6019 LAKEWOOD ROAD</b> <b>5732 Cherry Rd</b> <b>SEBRING FL 33872</b> <b>33875</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input type="checkbox"/> Delete <b>DAWES, SHELLEY A</b> <b>6019 LAKEWOOD ROAD</b> <b>5732 Cherry Rd</b> <b>SEBRING FL 33872</b> <b>33875</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAWES, Thomas C</b> <b>5732 Cherry Rd</b> <b>Sebring FL 33875</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DAWES, Shelley</b> <b>5732 Cherry Rd</b> <b>Sebring FL 33875</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 **4/12/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #