

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000131868



1. Entity Name
DAWES FLOORING, INC.

Principal Place of Business
5732 CHERRY RD
SEBRING FL 33875

Mailing Address
5732 CHERRY RD
SEBRING FL 33875



2. Principal Place of Business - No P.O. Box #
5732 Cherry Rd
Suite, Apt. #, etc.

3. Mailing Address
5732 Cherry Rd
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
Sebring FL
Zip 33875 Country USA

City & State
Sebring FL
Zip 33875 Country USA

4. FEI Number 20-0400297
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLOM, JAMES F
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DAWES, THOMAS C
STREET ADDRESS 5732 CHERRY RD
CITY-ST-ZIP SEBRING FL 33875

TITLE ☐ Change ☐ Addition
NAME U00000632756
STREET ADDRESS 02/21/07-80035-003 158.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DAWES, SHELLY
STREET ADDRESS 5732 CHERRY RD
CITY-ST-ZIP SEBRING FL 33875

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 I am empowered.

SIGNATURE:

Shelly A. Dawes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

863
382 4841
Daytime Phone #