

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90086 010 ***150.00

DOCUMENT # P03000139153

1. Entity Name
DISCOUNT FLOOR COVERINGS, INC.



Principal Place of Business
704 N. LAKE STREET
STARKE, FL 32091

Mailing Address
704 N. LAKE STREET
STARKE, FL 32091

2. Principal Place of Business
10228 US Hwy 301
Suite, Apt. #, etc.

3. Mailing Address
10228 US Hwy 301
Suite, Apt. #, etc.

City & State
Hampton, FL
Zip 32044 Country US

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Hampton, FL
Zip 32044 Country US

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0418444

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SHREVES, MICHAEL D JR
704 N. LAKE STREET
STARKE, FL 32091

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
10228 U.S. Highway 301
City Hampton FL Zip Code 32044

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

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHREVES, MICHAEL D JR
STREET ADDRESS 704 N. LAKE STREET
CITY-ST-ZIP STARKE, FL 32091 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Michael D. Shreves Jr. MICHAEL D. SHREVES JR 4-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #