2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

Aug 09, 2004 8:00 am Secretary of State DOCUMENT # P03000149784 08-09-2004 90004 008 ***150.00 LARRY CROWDIS FLOOR COVERING SERVICES, INC. Mailing Address Principal Place of Business 54067493 1205 GRANADA CT. 1205 GRANADA CT. THE VILLAGES, FL 32159 US THE VILLAGES, FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. CR2E034 (10/03) 07262004 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROWDIS, LARRY Street Address (P.O. Box Number is Not Acceptable) 1205 GRANADA CT. THE VILLAGES, FL 32159 Zip Code City 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) FILE NOWIJI FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Delete TITLE TITLE ☐ Change ☐ Addition CROWDIS, LARRY NAME NAME STREET ADDRESS 1205 GRANADA CT. STREET ADDRESS CITY-ST-ZIP THE VILLAGES, FL 32159 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change □ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Delete ☐ Change Addition TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 js 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 attachmental manadregs, with all other like empowered. arry Crowdis 7-27-04 352-259

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED