


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P03000150943 1. Entity Name MCIVER FLOOR SANDING, INC. |  |
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| Principal Place of Business 430 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 US | Mailing Address 430 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 US |
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02152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-0530227 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MCIVER, CHARMAINE 430 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U000000337115
04/27/05-80150-022 150.00

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCIVER, JAMES E 430 ACE HIGH STABLES ROAD CRAWFORDVILLE, FL 32327 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **James E. McIVER** 4/25/05 850-421-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #