

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90001 047 ***550.00

DOCUMENT # P03000150945

1. Entity Name
MCIVER HARDWOOD FLOOR INSTALLATION, INC.



Principal Place of Business
**430 ACE HIGH STABLES ROAD
CRAWFORDVILLE, FL 32327 US**

Mailing Address
**430 ACE HIGH STABLES ROAD
CRAWFORDVILLE, FL 32327 US**

40101654



2. Principal Place of Business
418 Ace High Stables Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Crawfordville FL
Zip
32327

City & State
Zip
Country

08142006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0530211
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCIVER, CHARMAINE
430 ACE HIGH STABLES ROAD
CRAWFORDVILLE, FL 32327**

7. Name and Address of New Registered Agent

Name
Clifton McIver
Street Address (P.O. Box Number is Not Acceptable)
418 Ace High Stables Rd.
City
Crawfordville FL Zip Code
32327

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 \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MCIVER, JAMES E JR
474 ACE HIGH STABLES ROAD
CRAWFORDVILLE, FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
MCIVER, CLIFTON A
418 ACE HIGH STABLES ROAD
CRAWFORDVILLE, FL 32327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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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

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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: **Clifton A. McIver** 8/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #