

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000157649

FILED
Mar 16, 2006
Secretary of State

Entity Name: BARRY WISER FLOOR COVERING, INC.

Current Principal Place of Business:

6720 CR 619
BUSHNELL, FL 33513

New Principal Place of Business:

6720 CR 619
BUSHNELL, FL 33513 US

Current Mailing Address:

6720 CR 619
BUSHNELL, FL 33513

New Mailing Address:

6720 CR 619
BUSHNELL, FL 33513 US

FEI Number: 58-2677856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISER, BARRY
1502 BLACKBERRY CT.
EUSTIS, FL 32726 US

Name and Address of New Registered Agent:

WISER, BARRY
6720 CR 619
BUSHNELL, FL 33513 US

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.

SIGNATURE: BARRY WISER

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISER, BARRY
Address: 1502 BLACKBERRY CT.
City-St-Zip: EUSTIS, FL 32726

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WISER, BARRY
Address: 6720 CR 619
City-St-Zip: BUSHNELL, FL 33513 US

Title: VP () Change (X) Addition
Name: WISER, BRIAN J
Address: 6720 CR 619
City-St-Zip: BUSHNELL, FL 33513 US

Title: S () Change (X) Addition
Name: KOENIG, CARL B
Address: 6720 CR 619
City-St-Zip: BUSHNELL, FL 33513 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY WISER

PD

03/16/2006

Electronic Signature of Signing Officer or Director

Date