2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM DOCUMENT # P04000000744 **Secretary of State** 1. Entity Name KC FLOORING INC. Principal Place of Business Mailing Address 790 E GILCHRIST UNIT 2705A HERNANDO FL 34442 745 JENKINS CT HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number 20-0830708 Not Applicate Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CUMMINS, LAURENCE M Street Address (P.O. Box Number is Not Acceptable) 745 E JENKINS CT HERNANDO FL 34442 City Zip Code 3. 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 accerthe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if epolicable. (NOTE, Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May & 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. **CFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. U00000483396 🗆 Change 🔲 Addison TITLE ☐ Delete THLE 04/11/06-80120-016 158.75 NAME HARRELL, CHRISTOTHER L NAME STREET ADDRESS 790 E GILCHRIST UNIT 2705A STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP TITLE ☐ Delete Admin 13315 ☐ Change NAME CUMMINS, KEVIN L NAME STREET ADDRESS 790 E GILCHRIST UNIT 2705A STREET ADDRESS ETTY-ST-ZIP HERNANDO FL 34442 CITY-ST-2IP TITLE Delete RTLE ☐ Change Addition NAM MARKE STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delote Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CCCY - ST- ZCP City-ST-ZIP TITLE Delete BHI Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-S1-2iP Chry - ST - ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 on 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.

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