

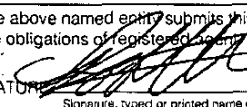
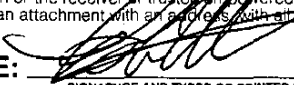


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90182 015 ***150.00

DOCUMENT # P04000001778					
1. Entity Name ROBERT WEAVER FLOORING, INC.					
Principal Place of Business 291 ROTONDA CIRCLE ROTONDA WEST, FL 33947			Mailing Address 291 ROTONDA CIRCLE ROTONDA WEST, FL 33947		
2. Principal Place of Business 127 GRENADA AVE Suite, Apt. #, etc.		3. Mailing Address 127 GRENADA AVE Suite, Apt. #, etc.			
City & State NORTH PORT FL		City & State NORTH PORT FL		4. FEI Number 84-1633272	
Zip 34287		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAVER, ROBERT P SR. 291 ROTONDA CIRCLE ROTONDA WEST, FL 33947			7. Name and Address of New Registered Agent Name: WEAVER, ROBERT P SR. Street Address (P.O. Box Number is Not Acceptable): 127 GRENADA AVENUE City: NORTH PORT FL Zip Code: 34287		
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:  ROBERT P WEAVER, PRESIDENT 2/21/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WEAVER, ROBERT P SR. STREET ADDRESS 291 ROTONDA CIRCLE CITY - ST - ZIP ROTONDA WEST, FL 33947	<input type="checkbox"/> Delete		TITLE P NAME WEAVER, ROBERT P SR. STREET ADDRESS 127 GRENADA AVE. CITY - ST - ZIP NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NUCERO, WILLIAM STREET ADDRESS 10379 WILLMINGTON BLVD. CITY - ST - ZIP ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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:  Robert P. WEAVER, PRESIDENT 2/21/05 941-468-5723 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					