2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 17, 2005 8:00 am Secretary of State **DOCUMENT # P04000003216** 1. Entity Name 08-17-2005 90004 020 ***150.00 DKH FLOORING, INC. Principal Place of Business Mailing Address 2309 SE 36TH AVE 2309 SE 36TH AVE 50062104 OCALA, FL 34471 OCALA, FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06302005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 803882 010Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired · Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HORNE, DARRYL K Street Address (P.O. Box Number is Not Acceptable) 2309 SE 36TH AVE OCALA, FL 34471 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE HOTHE, DARY K ■ Addition HORNE, DARRYL K 2309 SE. 36 AVE. NAME NAME 2309 SE 36TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP Ocala, FL. 3447) TITLE Delete nn e Addition ☐ Change **BRADSHAW, JACOB W** NAME 33 EMERALD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34472 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 endowered 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. 352-425-8494 SIGNATURE: TYPED OR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR

FILED