2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P04000010064 04-14-2005 90110 033 ***158.75 1. Entity Name STANFORD FLOORING, INC. Principal Place of Business Mailing Address 20033355 7818 MIRUELO CIRCLE EAST 7818 MIRUELO CIRCLE EAST JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip 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 STANFORD, WILLIAM 7818 MIRUELO CIRCLE EAST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32217 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPV TITLE ☐ Detete TITLE ☐ Addition Change STANFORD, WILLIAM NAME NAME 7818 MIRUELO CIRCLE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIF JACKSONVILLE, FL 32217 CITY-ST-ZIP ST TITLE ☐ Delete TITLE ☐ Change ☐ Addition STANFORD, WILLIAM NAME NAME 7818 MIRUELO CIRCLE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217 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 ☐ Delete THIF TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P 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 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

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