2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 25, 2005 8:00 am Secretary of State **DOCUMENT # P04000022145** 1. Entity Name 07-25-2005 90097 012 ***150 00 D & B CARPETS, INC. Principal Place of Business Mailing Address 514 AVENUE H SE WINTER HAVEN FL 33881 514 AVENUE H SE WINTER HAVEN FL 33881 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 41-2124881 Not Applicable Zip 7in Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARVEY, AUTHUR B Street Address (P.O. Box Number is Not Acceptable) 514 AVENUE H SE WINTER HAVEN FL 33881 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 it applicable (NOTE Registered Agent signature required when teinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition HILE ☐ Delete TITLE NAME ¢GAINEY, BILLY D NAME 167 DAIRY ROAD STREET ADDRESS STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TiTLE HARVEY, AUTHOR B NAME NAME STREET ADDRESS 514 AVENUE H SE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33881 CITY-ST-ZIP FITLE Delete Change Addition MALAE NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP C1TY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Fowhomit may concern: #PM